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**Making an exhibition of ourselves: using narrative and
arts-based inquiry with student nurses**

Briege Casey

A dissertation submitted to the University of Bristol in accordance with
the requirements for award of degree of Doctor of Education

Faculty of Social Sciences and Law

Graduate School of Education

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Abstract

This dissertation investigates the potential of narrative and arts-based pedagogy to research the developing identities and knowledge of a contemporary group of student nurses.

In considering this area of interest, I take up three inter-related lines of inquiry.

According to relevant literature (cited later in the study) and in my experience as an educator of working with student nurses, new entrants to the profession frequently grapple with competing imperatives and contesting philosophies as they attempt to make sense of nursing worlds and their own position therein. Exploration as to how the students in this study interact with these discourses in constructing professional identity and knowledge is the first area of inquiry, which is informed by post-structuralist and feminist perspectives.

The second area of inquiry focuses on the motivations and experiences (for the students and me) of using narrative and arts-based approaches as a means of transformative pedagogy. I examine the premises of these approaches and make visible, in this study, our engagement with art-making and meaning making processes. With reference to existing curricular models, I evaluate the benefits and challenges of narrative and arts-based inquiry from my own perspective as educator as well as from the perspectives of the students concerned.

The third area of inquiry considers narrative and arts-based approaches as a distinct research methodology. Narrative and arts-based approaches infuse this study both as a means of inquiry and meaning making, and also as a means of re-presenting meanings. In this research, I extend existing approaches and craft others as I interact with the plurality and contingencies of the research field. In the creative inquiry and re-presentation of students' understandings and experience, I initiate perceptual shifts concerning researcher/participant/audience position and voice as we 'make an exhibition' of ourselves.

Keywords: Narrative, arts-based inquiry, student nurses, identity, knowledge, exhibition, transformative pedagogy.

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And as always, in the final analysis there is James: audience to all sorts of exhibitions along the way. Thanks for staying in the front row.

Author’s declaration

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's Regulations and Code of Practice for Research Degree Programmes and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED.....*Brian Casey*.....DATE.....*1/10/2010*.....

Perhaps this book is about re-reading and re-mem-bering and how the text(ures) of the earth each read into each other, so you never have the whole story and you can never be done with any piece of the story, because it always needs re-reading into the ongoing generosity of things – the Earth keeps coming, children keep coming, the task is to keep open the possibility of re-reading. (Jardine 1992 p7)

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Introduction

The research presented here is a personal, philosophical and educational enterprise that uses narrative and arts-based inquiry methods to explore ways of knowing and being among people who are becoming nurses. In this work I bring my own knowledge and identity as female nurse and experimenting teacher to resonate with the knowledge and self conceptions of second year undergraduate students as they navigate the terrain of professional nursing. Art and narrative approaches help us to explore and map the positions and spaces we occupy.

Professional identity and knowledge are complex and contested areas in contemporary nursing. Debates rage between humanists, post-modernists, empiricists, emancipatory feminists, neo- liberalists, to name but a few, regarding conceptions of identity and the position(s) and purpose(s) of nurses and nursing. Much has been written from academic and theoretical perspectives regarding nurses professional socialisation (Melia 1987; Street 1992; Mackintosh 2006) and development of professional knowledge (Carper 1978; Benner 1984; Ceci 2003). However, nurses in practice contexts do not often connect with these debates and discussions. We take knowing and being for granted: learning just happens and we become nurses through occupational socialisation and exposure to healthcare situations (Randle 2003). For myself, 'trained' as a general and mental health nurse, I 'knew' things about illness and care provision through learning off long lists of signs and symptoms, investigations, medical treatment and nursing care, in that order. I learned how to 'be' a nurse through copying other people's nursing until it was ingrained in my body and mind like DNA. We didn't stop to think about how, why or what we knew. We just knew.

Now, years later, as a nursing educator aiming to contribute to the identity and knowledge development of student nurses, it has become more important for me (and others) to ask how we know nursing and how we become nurses. In contemporary times, the nature, position, knowledge and value(s) of nursing in healthcare and academic contexts have become highly contested areas (Thomas & Davies 2005; Evans & Donnelly 2006) as nurses in research, education and practice challenge traditional ideologies and accustomed knowledge and engage with approaches that

draw on post modernism (Bradbury-Jones et al. 2008), feminism, (Anderson 2002) consumerism (Cutcliffe & Yarbrough 2007), multiculturalism (Allen 2006) and medical/information technology (Sensmeier 2008). In this period of rapid social, philosophical and economic change, different and often conflicting imperatives come into view. The knowledge and practice of nursing, as influenced by culturally available meanings and technologies, is being scrutinised, reflected upon, negotiated and inevitably reconfigured. According to Crowe and O Malley (2006 p 80) nurses in contemporary healthcare contexts require 'the ability to assess and respond to a proliferation of simultaneously novel and redundant knowledge and technologies.'

In the context of nurse education, unquestioned, taken-for-granted perspectives and practices are now rubbing up against more liberating and creative ways of learning. In my own teaching, I often find myself caught between acts of reproducing habituated knowledge about nursing, using didactic teaching practices (French; Anderson; Burnard; Holmes; Mashaba; Wong. and Bing-hua, 1996), and using other possibilities that involve engaging with more experimental, less prescribed ways of learning and making sense of our worlds. I believe that nursing is not about applying lists of signs and symptoms, procedures and a priori knowledge to people and aping the behaviours involved in that endeavour. I have come to realise, through my own work as a nurse teacher using narrative and arts-based approaches in education, and through reading and witnessing the work of others using these methods, that there are other ways of thinking about and exploring nursing. Dialogue and inquiry in these learning contexts is made possible by nurses' configuration and articulation of their experiences and understandings through storytelling and arts-informed processes.

It is a time of challenge for nursing, but the challenge also throws up new possibilities and unearths alternative perspectives and ways of being and knowing. Many nurses have taken this opportunity to innovate in practice, research and education and to examine nursing identities, knowledge and practice in newly creative and critical ways (Leight 2002). This research study is situated in that shifting landscape and, using some of these creative methods of inquiry, aims to explore the perspectives and evolving knowledge and identities of student nurses as they 'become' nurses in contemporary contexts. Student nurses, in their positions as learners in practice, workers, observers, carers and university students, engage with a range of imperatives

and often competing philosophies and discourses. In this inquiry, using post-structuralist and feminist lenses, I explore how students manage these voices and what is important to them as they construct their identities as nurses. Narrative and arts-based inquiry are used to research how nurses learn to be nurses, how they know what they know and what being a nurse means to them.

Here, narrative and arts-based methods are used as more than data collection tools. These approaches are integral to the philosophy and practice of the research inquiry, and the educational innovation of the work. Thus, I am also interested in exploring how engagement with narrative and arts-based approaches may interact with students' processes of configuring and expressing identity and knowledge. As we engage in the educational and research enterprise together, I witness and explore the students' processes of aesthetic inquiry and embodied learning/knowing as they make art and make themselves into nurses. I investigate with the students, whether and how evocative ways of thinking and inquiry help them to learn about themselves, other people and nursing. Through re-presenting their arts narratives, I make visible some of the tensions and complexities inherent in knowledge and identity formation among this group of student nurses. I consider how these aesthetic ways of knowing might interact with students' customary, prescribed ways of learning and how they may infiltrate and/or be excluded from other learning spaces in the curriculum.

In addition to exploring arts-based approaches as a method of educational and professional/ personal development among students, the work also 'tries out' and evaluates narrative and arts-based methods as research methodology; as a way of inquiring into, configuring, and re-presenting meanings in the research endeavour.

Therefore, this study is concerned with three central areas of research inquiry. These parallel explorations are undertaken using narrative and arts-based methods of inquiry and representation.

1. The configuration of identity and knowledge among a group of student nurses in contemporary healthcare contexts. (*Chapters 1, 5 and 6 of the dissertation are particularly involved with this area of inquiry*).

2. The experiences (for these students and for myself as educator) of engaging with narrative/arts-based approaches as a pedagogical method and alternative way of learning. *(Although these experiences permeate the entire study, this area of inquiry is discussed specifically in chapters 2, 7 and 8).*
3. The use/usefulness of narrative and arts-based approaches as a means of research inquiry and evocation of research findings. *(Chapters 3, 4 and 8 in particular, take up this area of inquiry).*

Outline of chapters

In order to refine and contextualise these areas of inquiry, it is necessary to examine in more depth, the historical and philosophical heritage and the contemporary educational and cultural environments in which the students are learning to be nurses. Therefore, chapter 1 of the dissertation surveys the historical legacies and the philosophical foundations shaping the occupational and learning culture in which this group of students is positioned. The chapter in its conclusion transmits the call of many contemporary nurse thinkers for nursing to move to more pluralistic, creative modes of education and research.

This call is responded to and further developed in chapter 2 as I explore the foundations of narrative and arts-based approaches; the educational and research methodology used in this study. I argue that these methods foster transformative inquiry and creative innovation in nursing. Both of these chapters form the background to the research study and incorporate personal teaching experiences and literature relevant to the study context.

Chapters 3 and 4 take these considerations forward as I develop the areas of research inquiry and formulate more specific research questions. I discuss in detail specific narrative and arts-based research methodologies, philosophies and processes that are attuned to this inquiry and consider how these approaches inform and guide the research.

Chapters 5 and 6 of the dissertation, in creatively re-presenting the student art pieces and contextual art-making processes, employ the medium of a virtual art exhibition.

The juxtaposition and viewing of the artwork in exhibition format enables pluralistic representation and multi-vocal discussion regarding the processes by which student nurses develop identities and configure knowledge. In this exhibition arts-based approaches operate/are visible as both educational strategy and research methodology. Inquiry is central to both education and research; interrogation in each of these domains is achieved through the processes of making and sharing art.

Following this examination of the students' developing identities and knowledge as evoked/expressed through art, chapter 7 explores the actual art-making process and considers the nature of arts-based inquiry and aesthetic knowing as experienced by the students and expressed in their work. The value, uses and challenges in using narrative/arts informed pedagogies is further explored. In this chapter, the place of narrative and art-based modes of inquiry/ learning within a 'crowded' nursing curriculum is also considered.

Chapter 8 is the final chapter of the dissertation and in addition to concluding with the major findings in the research, it revisits the areas of art-based approaches as pedagogical and research methodology. This chapter explores whether the premises and promise of these methods remained valid as the educational enterprise and research endeavour developed, how these methods evolved in the actual educational/research field and implications for future arts-based pedagogy and research.

The reader of this dissertation can expect that writing styles and modes of representation will change and shift as the research narrative unfolds, particularly in the chapters concerned with examination of the students' art. Narrative and arts-based methods are used not just within the immediate research/educational field of inquiry, but are also integral to the philosophy and structure of the dissertation as a means of evoking, re-configuring and re-presenting student voices and fleeting, complex perceptions. These changing modes of representation are signposted as far as possible while still attempting to maintain and evoke the complexity and dynamism of the lived inquiry and meaning-making process.

Chapter 1: The landscape of nursing identity and knowledge

1.1. Introduction

This research is concerned with exploring evolving identity, purpose and knowledge among student nurses. The study aims to explore these processes in more depth, namely: how these new entrants to the profession learn to be nurses; what knowledge(s) are privileged in identity construction; and how students access/achieve this knowledge. In order to begin to understand how these processes develop, I turn to the historical and philosophical heritage and the contemporary educational and cultural contexts in which these students are positioned and which shape their identities and knowledge. Therefore this chapter takes nursing's cultural and epistemological background as its central focus.

This exploration is informed by post-structuralist and feminist thinking. Nursing identity and knowledge is embedded in political, cultural and gendered discourses that encourage the appropriation of prescribed subject positions. Post-structuralist and feminist approaches facilitate interrogation of taken-for-granted ways in which identity, gender and knowledge are constructed. These ways of thinking offer novel and transformative routes into the inscribed landscape in which the students are situated and, as I look over the lie of the land, allow me to examine and deconstruct some of these habituated ways of being and knowing in nursing.

1. 2. Constructions of nursing identity and purpose

1.2.1. The good and virtuous woman: nursing identity and subject positioning

Traditionally, nursing as a profession has been positioned and has positioned itself as a noble and virtuous occupation: the nurse responding to a moral imperative to care for the poor and needy; the angel with the lamp, the doctor's loyal handmaiden. According to Crowe (2000) this image of virtuosity evolves from nursing's religious historical roots and constructs nurses' work as having metaphysical and spiritual characteristics. In this discourse, the 'good' nurse is synonymous with cultural stereotypes of gendered femininity and unquestioning obedience (Hallam 2000; Fealy 2004). Foucault's (1982) work regarding the nature of power relations and subject positioning is useful in considering agency and oppression in nursing. Foucault argues

that subjectivity is shaped by truth claims made in particular discourses and the relations of power that run through these. For example, in relation to nursing, the good and caring nurse is a desired commodity and therefore this subject position is encouraged by dominant prevailing discourses.

This form of power that applies itself to immediate everyday life categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him that he must recognize and others have to recognize in him. It is a form of power that makes individuals subjects. (Foucault 1982 p331)

This construction of identity is appropriated by nursing as a means of achieving public recognition for heavy and often demeaning work. Thus truth claims and public expectations that each nurse should be good and caring become normative and individual nurses are positioned and appropriate this discourse as a way of being and knowing. In assimilating this dominant discourse, it is argued, nurses internalize the characteristics of the good nurse as an ideal and this, in turn, shapes their professional identity and status (Hallam 1998).

According to Foucault (1982), power is enacted to sustain dominant discourses: the identification of the nurse as dependable, altruistic and compliant serves medical and public interest and is reinforced by medical hegemony and media stereotypes. Post-structuralist feminists in nursing (Crowe 2000; Ceci 2003) argue that as new recruits and students enter the profession, they are socialized into these gendered and oppressive ways of defining themselves. Hence, cultivating and propagating the good nurse ideal has meant that nursing has a history of 'profound conservatism in the service of a patriarchy only too happy to co-operate' (Walker and Holmes 2008 p108).

1.2.2. Power enactment and agency in nursing

In this historical patriarchal discourse and even in contemporary observations (Fletcher 2006; Laschinger et al 2003), nurses are often situated as a powerless, oppressed group, yet according to Foucault (1982), power relationships do not imply actively dominant and completely passive subject positions. The person on whom power is exercised is not passive but 'acts' using 'a whole field of responses,

reactions, results and possible inventions' (Foucault 1982 p340). Foucault's writing regarding the dynamic and relational nature of power is interesting in the context of nursing. He claims that power does not exist as an entity in itself but that 'power exists only as exercised by some on others' (1982 p340). Power is not distributed from a 'top down' mechanism, as is often conceived by nurses and nurse commentators, but rather power takes capillary form which permeates through the culture and 'reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives' (Foucault 1977 p39). The ideas allow a conceptualisation of power in nursing as a fluid and dynamic force rather than maintaining a habituated one-dimensional view of power as merely oppressive: a 'wholly negative, narrow, skeletal conception of power' (1977 p119). Power distribution and power in relationships in nursing can therefore be regarded as complex processes and taken-for-granted perceptions of hierarchical power relations can be examined more closely.

Following Foucault, Ceci (2004 p80), a post-structuralist nursing scholar, also reminds nurses of the complex and continuous interaction with 'the multiple discourses and practices that cross and constitute us, that act as resource and constraint in terms of our capacities to know and do, establish the shifting grounds of our existences.' Although nurses may appear (and consider themselves to be) powerless in publicly valued discourses, they operationalise power strongly within health care contexts in positive and negative ways. Nurses skilfully mediate, translate and advocate between various members of the healthcare regime and the patient, enacting power and influencing decisions in unseen ways.

However, nurses do not often acknowledge their own power and because much of nursing work is invisible, commodified and therefore taken-for-granted, observers of nursing as a cultural group claim that nurses direct their frustrations and dissatisfactions at their oppression inwards towards themselves, each other and people who are less powerful than themselves - often student nurses and patients (Freshwater 2000). Controlling, coercive and rigid behaviour becomes a negative means of exercising power and is characteristic of bullying and horizontal violence (Randle 2003). Alternative ways of enacting power are also achieved through gate-keeping behaviour in relation to patients and new entrants to the profession (Brammer 2008).

It is argued (Mackintosh 2006) that these power displacements and controlling behaviours inevitably influence the occupational socialisation and knowledge development of student nurses. I wonder: will perceptions of these influences find voice among the students involved in this study?

1.2.3. Nursing and Feminism

Although feminist approaches offer encouragement for nursing as a means of contesting male-dominated and male-defined ways of knowing and constructing identity, feminist philosophy has not been unreservedly embraced by nursing. Kane & Thomas (2000) suggest that because nursing is bound by an ideology based on women's duty and not on women's rights, feminist thinking has not been part of the culture of nursing. Sandelowski (1997 p219) refers to 'the mutual disdain nurses and feminists have felt for each other' and claims that nursing is too female for many feminists, while feminism is not female enough for some nurses. This divergence is apparent in perspectives regarding the positioning of the female subject in nursing and finds expression in discussions regarding caring as a female attribute and the central purpose of nursing.

1.2.4. Feminism and the Problem of Caring

Nursing's awareness of its gendered positioning and oppression has resulted in much discord within the profession and has initiated many struggles for legitimacy and agency (Benner 2001; Fletcher 2006). There is recognition that, despite the lauding of nursing work in public arenas, an ambivalence remains in public perceptions regarding the actual work of caring, the espoused purpose of nursing. Because caring is connected with the shame and vulnerability of the body, its specifics are rendered invisible in public discourses. Thus caring is regarded as dirty work, and therefore undervalued (Lawler 1991). According to some feminists (Puka 1990; Tronto 1989), caring is traditionally considered to be the work of women and servants and inhabiting these positions involves 'slave morality' (Puka 1990 p 65) which further demeans the position of women in patriarchal society. These perspectives pose a challenge for nursing where caring is considered as intrinsic to professional identity and purpose.

In the past thirty years, nursing has responded to this devaluing of a major element of its identity by making caring 'special' and publicly re-enforcing and re-affirming caring attitudes and behaviour as an inherent purpose of nursing and therefore an innate, or at least required, trait of all nurses (Watson 1988; Eriksson 1997; Smith 1999). These thinkers claim that in re-asserting and celebrating nursing's fundamental function as caring, the profession will be able to establish a unique and respected professional identity and purpose. This struggle for agency has been informed by the work of such feminist thinkers as Gilligan (1982); Belenky, Clinchy, Goldberger and Tarule (1986) and Noddings (1984). Gilligan (1982) posits caring and relational modes of being as distinctly and inherently feminine and therefore privileged. Gilligan's 'ethic of care' is based on the premise that males and females respond differently in ethical and caring encounters and that specifically female reasoning is influenced by interactional networks which involve the 'responsibility' for 'response.. (Gilligan 1982 p30).

Gilligan's work attempts to depose patriarchal power by asserting validity in a uniquely female method of moral reasoning. Her work has enabled nursing scholars (particularly North American) to assert 'the primacy of caring' (Benner and Wrubel 1989) and, as a result, much has been written expounding on and valorising caring as the unique province of nurses. However, Gilligan's work has limitations in that it displays an essentialist tendency which 'applies' the ethics of care to all women as part of their innate femaleness, and this results in privileging both caring and women's ability/inclination to care. Therefore the effects of race, class and heterosexual influences/differences among individual women and men in their caring attitudes and behaviours is not considered. This position also ignores the relationship of 'care' to dominant historical/patriarchal power structures and contemporary neo-liberal discourses which already commodify caring impulses/behaviour as feminine traits and position women accordingly. In this regard, Gilligan's work, while purporting to be emancipatory, may actually contribute to the politicising of care as a normalising and totalising discourse.

1.2.5. Deconstructing the binary of gendered discourses: possibilities of post-structuralist feminism

In nursing, the work of post-structuralist feminist scholars, in particular, that of Butler (1990), offer opportunities for examining the hegemony of both maternalist and masculinist models of feminism. Butler accords with Foucault's understanding of the constituted character of identity and is interested in the role played by cultural norms in regulating the embodiment and performance of gender identities. She conceives of gender identity as 'a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being' (Butler 1990 p33). Unquestioned assumptions that gendered identities are natural and essential serve to disguise and strengthen the regulatory power of the norms that govern gendered performance. Through post-structuralist feminist readings, more dynamic conceptions of nursing identity are therefore available, enabling nurses to recognise possibilities of agency, creative resistance and self-governance. As Ceci (2004 p90) puts it:

What becomes important for nurses is not that we somehow expect that we may free ourselves of the effects of gendered, gendering discourses but that we begin to understand how these work in constituting our experiences, our particular subjection, that we begin to understand their hold on us and try to make choices about what, if anything, we want to do about this.

Student nurses add to this melting pot of interpretation and prescription, their own personal and cultural perceptions of nursing identity and purpose. The pedagogical and research work undertaken with the students in this study attempts to unearth some of these buried discourses and unarticulated/unrecognised positionings, enabling us to inquire into, understand and make choices about how our experience(s), identity(ies) and knowledge(s) are constructed.

1.3. Knowledge construction in nursing

Knowledge construction is fundamental to the development of nursing identity both at the level of the individual nurse and at nursing professional level. Ceci (2004 p 90) claims that 'specific forms of the person are proposed, suggested, imposed by our knowledge of ourselves and the knowledge others have of us, knowledges that are rooted in the authoritative knowledges of our communities.' In contemporary

academic and healthcare communities, the student nurse engages with various forms of knowledge: sanctioned/prescribed, local/unofficial, intuitive/embodied/personal professional/cultural. In this study I am interested in how students construct their individual knowledge repertoires in the context of surrounding, available discourses. I seek to examine the kinds of knowledge(s) that are privileged and fostered among student nurses and how this knowledge is appropriated as the students fashion their nursing identities.

1.3.1. Positivism and nursing knowledge

Nursing has a long history of engagement with a dominant medico-scientific positivist paradigm. This worldview is based on the tenet of empiricism which claims that rational beliefs are either observational or based on sound argument as a result of direct observation. These observations are posited as being objective, neutral, value free and therefore true. In the scientific positivistic paradigm, students are taught that ‘science provides a single and true account of the world based on observation, which enables formulation of causal laws linking the observations in a logical, mathematically expressed order’ (Harari 2001 p725).

When the positivistic model is used in medicine and healthcare, the focus is on observing signs and symptoms, diagnosing specific disease and using evidence-based medical and technical treatment regimens to cure that disease. The positivistic perspective has been adopted by nursing and occupies a strong position in the development of technical nursing knowledge. The nurse functions to support medical knowledge, she appropriates this knowledge and facilitates the success of the medical regime:

...we are the doctor's eyes, ears and hands (in his absence)...We observe accurately, we listen attentively and we serve punctually...we should give full vent to our powers of observation...writing carefully and punctually the various details of the patients' treatment and progress, always remembering that they are the pivot by which the doctor bases his final orders. (Culhane 1952 p10)

Nursing knowledge therefore, has traditionally been constructed within the paradigm of the empirical. Nurses are the observers, the data collectors, gathering information on which medico-scientific decisions are made. These ‘facts’ are seen as the reality of

illness and treatment is conceived in technical domains of knowledge. While scientific and positivistic inquiry are recognised and valued as a means of generating some aspects of nursing knowledge, many nursing scholars have challenged the essentialism of these truth claims when they ignore or suppress the relations of culture, power and gender in health care and illness experiences (Ceci 2003; Crowe 2008). McDonald and McIntyre (2001) claim that in appropriating the techno-rational paradigm to such an extent, nursing takes up the dualistic thinking that is intrinsic to science and scientific thinking and that the relational knowledge and function of nursing is compromised as a result:

The dichotomy forces nurses to choose, and implicit in the choosing, is the devaluing of one, or more than one, way of knowing. The implication for nursing is that one part of our nursing practice, technological empirical scientific practice, becomes valorized, and another part of our practice, the subjective, embodied, relational delivery of caring is lost. (McDonald and McIntyre 2001 p235)

It is difficult for nurses to conceive of alternative identities and purposes that are not somehow enmeshed in these hegemonic meta-narratives. In contemporary nursing despite the liberating forces challenging medical hegemony, it is tempting for nursing to ally itself with powerful and publicly respected discourses (as in the recent espousal of evidence-based practice) rather than struggle to discover and assert more inchoate and nebulous concepts of nursing identity(ies) and knowledge, especially in competitive academic and healthcare contexts.

1.3.2. Challenges to totalising methods of knowledge construction

Once again, post-structuralist approaches have been helpful in exploring these constructions. Foucault's (1977) concept of power/knowledge challenges the existence of neutrality in science, claiming that all truth claims are enmeshed with politics and power:

Each society has its regime of truth, its 'general politics' of truth: that is, the type of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true. (Foucault 1977 p131)

Foucault claims that particular institutions of power make certain forms of knowledge historically possible. For example, in nursing and medicine, disciplinary techniques are enacted in order to observe and analyze the body of the 'patient' or subject. This analysis enables the expansion of new areas of knowledge and research. In addition, institutions of power determine the conditions under which scientific statements come to be counted as true or false. Thus, according to Foucault, the production of 'truth' is never entirely separable from technologies of power. Foucault suggests a contextualised reading of scientific knowledge; taking into account the processes by which the 'regime(s) of truth' (Foucault 1977 p133) become embedded and legitimised and a consideration of how evidence of these constructions of 'truth' become circular, self-fulfilling and normalised. Certain regimes of truth become privileged and more powerful than others in a hierarchy of knowledge. Here, medical knowledge becomes a totalising discourse and nursing knowledge is disqualified and becomes marginal:

A whole set of knowledges ... have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity... (such as that of the psychiatric patient, of the ill person, of the nurse ...) parallel and marginal as they are to the knowledge of medicine. (Foucault 1977 pp 82–83)

This study is concerned with the 'insufficiently elaborated' knowledges described by Foucault that are integral to the meaning making and identities of nurses. To my mind, narrative and arts-based inquiry engenders and facilitates the articulation of these 'naïve knowledges that are 'parallel and marginal' (Foucault 1977 pp 82–83).

1.3.3. Deconstructing dichotomies: disruptive rhizomes and nursing

The work of post-structuralist thinkers Deleuze and Guattari (2004) is also useful in considering the nature of and the possibilities for nursing knowledge, in particular their conception of arborescent and rhizomatic thinking (Deleuze and Guattari 2004). These philosophers conceive of much of Western positivism as following an 'arborescent' way of thinking. The metaphor of the tree is used to represent their meaning in that the tree is fixed and locatable, it sprouts from a single seed and although it branches out it can still be traced back to a single origin:

The tree and root inspire a sad image of thought that is forever imitating the multiple on the basis of a centred or segmented higher unity. (Deleuze and Guattari 2004 p18)

Similarly, most modes of scientific thought attempt to locate knowledge in firm ground with a traceable origin from which a totalizing structure develops. The tree grows upwards and does not accommodate any other way of growing or constituting itself. Deleuze and Guattari (2004 p7) maintain that rather than reproducing knowledge and thinking from a single root, 'the multiple *must be made*, not by always adding a higher dimension, but rather in the simplest of ways, by dint of sobriety, with the number of dimensions one already has available' (original italics).

The ultimate symbol of the multiple, according to these philosophers, is the rhizome. The rhizome is open at both ends, and does not conform to historical linear patterns. Rather, it grows in simultaneous, multiple directions and breaks through new ground in unpredictable ways:

The rhizome itself assumes very diverse forms, from ramified surface extensions in all directions to concretions into bulbs and tubers. There are no points or positions in a rhizome such as those found in a structure, tree, or root. There are only lines. (Deleuze and Guattari 2004 p9)

Perhaps one of the most important characteristics of the rhizome is that it has multiple entryways. (Deleuze and Guattari 2004 p14)

Rhizomatic thought has much to offer nursing (Holmes and Gastaldo 2004) since human life is a process of assemblages, connections and interactions. Rhizomatic thought seeks out, explores and celebrates multiple and perhaps contradictory discourses of interest to nursing. It challenges the status quo and regimes of truth that are taken-for-granted within the health care context. Rhizomatic thought offers nurses a flexible method for conceiving and developing pluralism in the exploration of nursing knowledge and identity. Thinking rhizomatically informs the pedagogical and research methodology employed with the students in this study: art-making fosters pluralistic thought and dialogue.

1.3.4. Contemporary approaches in developing nursing knowledge

Contemporary nursing scholars are now experimenting with a range of maps as they navigate, construct and represent the diverse landscape of nursing knowledge, research, education, and practice. In considering the exhortation by Deleuze and Guattari (2004 p7) the 'multiple' is being made as nurses pursue new and alternative pathways of knowledge and practice. For example, Carper's seminal work in 1978 continues to offer nurses a wider lens for examining knowledge and purpose. Carper suggests four fundamental and enduring patterns of knowing that nurses use in practice situations. These are: empiric (including medico-scientific knowledge), aesthetic knowing (which is the focus of this study), ethical knowing and personal knowing. In Carper's work, empirical knowing and aesthetic knowing have equal footing: none of these domains of knowledge is privileged but rather each of these patterns has equal importance in the formation and use of nursing knowledge.

Carper's work has stimulated a plethora of debate (Munhall 1993; White 1995 and Zander 2007) and a widening of the borders of nursing philosophy regarding the nature, generation and communication of nursing knowledge. In more recent times post-modern approaches, as discussed above, are employed in ways that enrich nursing research and knowledge development and challenge habituated approaches to nursing knowledge.

Knowledge that is embedded in the 'doing' of nursing has also become an area of excavation. Nursing scholars argue that much of nursing knowledge remains intuitive and unarticulated as nurses engage in complex care interventions where knowing and doing become intertwined and indivisible. Thus interest in embodied and tacit knowing has been stimulated by Benner (2000) and Gadow (1980) who relate to nursing Merleau Ponty's (1945) work on embodied perception and the work of Bourdieu (1977) in relation to habitus. Here, nurses are encouraged to examine the workings of 'gut' feelings and embodied perceptions in the formulation of their repertoires of knowledge and identity. This interest is also reflected in the current study as the student nurses, through their art, situate their bodies and bodily perceptions in the occupational milieu of nursing and together we explore this complex interaction.

Aesthetic knowing, embracing narrative and arts-based approaches, is another rhizome that has brought us in interesting directions in nursing (Sandelowski 1994; Chinn and Watson 1994). In this study, narrative and arts-based methodologies enable students to configure and articulate some of the complexities they encounter in becoming nurses. Evocative meanings (Richardson and St Pierre 2005) are made visible and available for dialogue. As students engage in art-making, habituated knowledge, images and stereotypes spill onto the page inviting interrogation and opening possibilities for transformative learning. Moments of beauty and pain are revisited and remembered. But more of this later.

These are the ‘disqualified’ knowledges, referred to by Foucault (1977 pp 82–83), ‘located low down on the hierarchy, beneath the required level of cognition or scientificity.’ According to Street (1992 p78):

These forms of knowledge creation, which challenge the domination of the normative paradigms for understanding nursing, are pregnant with exciting possibilities of dreams, which can be translated into action that is transformative and healing for our whole society.

1.4. The context of student nurse education

So far in this chapter I have examined some of the historical perspectives and the contemporary debates and philosophies that influence nursing identity and knowledge development. Now, as we approach the experiences of the particular group of student nurses involved in the research, I turn my attention more specifically to the historical and contemporary situation of student nurse education within this landscape.

1.4.1. The professional socialisation of student nurses

Although the nursing profession, and student nurses within it, is engaged with post-modern perspectives in scholarly and academic contexts, occupational socialisation in practice environments remains a powerful means of transmitting and instilling traditional, valued norms of knowledge and practice in new recruits (Melia 1987; MacIntosh 2006). These ways of being and knowing are passed from one generation of nurses to another in formal and informal ways (Suominen, Kovasin and Ketola

1997). Mackintosh (2006) describes a process of socialisation whereby students have to fit in and comply with the system in order to gain acceptance. She argues that the socialisation process in nursing has largely negative effects, resulting in

a lack of critical awareness of professional practice, the continuance of ritualised practice and traditional views, the importance of an assumed set of professional nursing characteristics and the loss of idealism. (Mackintosh 2006 p 954)

Those who are designated as suitable for inclusion in the occupational group are conferred with traditional and professional knowledge in order to ensure correct performance. Therefore knowledge becomes equated with power and its accessibility is essential for novices to be incorporated into the professional group. Qualified nurses act as role models and are gatekeepers and custodians of this knowledge (Brammer 2008).

1.4.2. Traditional pedagogy and apprenticeship

The conventional pedagogical approach in nursing was initially based on the work of Tyler (1949) and espouses an outcome-oriented, problem-solving approach to education. This model assumes that learning is a rational, orderly, and sequential process leading to cognitive gain and the acquisition of specific skills (Ironside 2001). Therefore the nurse educator begins by presenting to students simple concepts or ideas and then proceeds to those that are more complex. Learning objectives are pre-specified by the teacher, thus signposting what the student is expected to learn and the students' performance is measured by their achievement of these objectives. This system reinforces the construction of the nurse as a passive and unquestioning receiver of knowledge, yet it is attractive to nurse education as it enables the training of large groups of students in a manner that is believed to be efficient and effective.

In tandem with this conventional educational pedagogy, the traditional method of 'training' in practice contexts has been, until relatively recently, the apprenticeship model. The apprenticeship model in nursing advocated learning on the job from previously trained nurses as the prime method of knowledge and skill development. This model encapsulated a biomedical, positivistic, behaviourally-focused approach to student nurse education whereby students were socialised into unquestioning acceptance of habituated knowledge, values and positioning:

As with other areas of the profession, nurse education is engaging with contemporary imperatives and ideologies. The limitations of the outcomes-focused curricula and the apprenticeship model have surfaced as nurses become more aware of their own oppression and experience the challenges of caring for increasingly diverse populations in modern dynamic healthcare contexts. Contemporary nursing requires critical, creative thinking rather than rigid, unquestioning approaches. Similarly, the apprenticeship model has been abandoned because of its fostering of unquestioning imitation and the stultifying effects on student nurses' learning and knowledge development:

Such education suppresses the imagination of the student and their capacity to dream is substituted by the capacity to live out someone else's dream. As a result they suffer from educational claustrophobia and lose the capacity to be autonomous learners and the potential for accountability. (Freshwater 2000 p483)

As a result, nurse education is reconfiguring its epistemology; its beliefs and practices regarding the way knowledge is constructed and fostered.

1.4.3. The growth of transformative pedagogies in nursing education

A new rhizome may form in the heart of a tree, the hollow of a root, the crook of a branch. Or else it is a microscopic element of the root tree, a radicle, that gets rhizome production going. (Deleuze and Guattari 2004 p16)

Internationally, nursing educators have been urged to revolutionize the philosophy and practice of nursing education. According to Bevis (1988 p 47), 'We must change our metaphor.' Koithan (1996 p535) argues that 'the profession requires an awareness and multiple methodological strategies for an educational system that models creativity and thinking rather than conformity and performance'. Within this revision, there has been a call to move from instruction models of conventional pedagogy to alternative interpretive pedagogies such as critical, feminist, phenomenological, and postmodern approaches (Diekelmann 2001; Darbyshire and Fleming 2008). These approaches generally are termed interpretive because they are interested in interpreting the context in which teaching and learning takes place. The emphasis moves from content and product to the processes of teaching and learning as teachers and students question and interpret the worlds around them. Thus, in addition to

gaining knowledge about healthcare, the meanings of experiences of health and illness are explored, the interactions of culture, politics and, gender in healthcare contexts are exposed and the nurse's positioning and ethical responses in relation to these factors are examined.

The revisioning of nursing's purpose and identity in recent years has resulted in profound changes in nurse education and it is in the process of transforming itself from an apprenticeship-based, service-driven workforce towards an all graduate profession. In Ireland this change has happened relatively recently with full incorporation into the university/third level sector occurring in 2002. Undergraduate degrees in nursing now operate as four-year programmes within the university context with student practice placements carried out in partner hospital services. The perceived advantages of the move to the third level sector mainly centre on achieving higher academic and professional recognition for nursing and gaining access to resources that can help the profession to develop nursing theory, research and practice. The move into the academic milieu and the consequent academic opportunities has also stimulated much intellectual and philosophical debate in and about nursing.

1.4.4. Sprouting through hardened terrain

However, although new shoots are sprouting through fertile soil in nursing, there are some patches where the ground is harder, not used to new life and therefore more difficult to push through. The legacy of the apprenticeship system 'which impressed an attitude of subservience, conferred a carefully circumscribed set of knowledge and skills, and suppressed independent thought' (Walker and Holmes 2008 p116), continues to be felt as practitioners and educators who were the products of this training may still find it difficult to acknowledge or assert alternative ways of knowing and being. The transition to the third level sector poses challenges, in particular reconciling contradictions between liberal and deductive educational frameworks. According to Walker and Holmes (2008), the tradition in nursing of valuing the practical over the theoretical, character over intellect, doing over thinking, has contributed to a culture of defensive anti-intellectualism and leaves nurse

academics struggling for legitimacy in the eyes of both their clinical colleagues and the academy.

Accordingly, contemporary nursing students are simultaneously exposed to a range of habituated and 'new' knowledges and perspectives which often rub up against each other, for example: humanism, critical social theory, positivism/post-positivism, post-structuralism, feminism, scientific rationalism, and phenomenology.

It is possible to conceive of nurse education in the year 2007 as an amalgam of various discourses — professional discourses, traditional discourses, disciplinary discourses, philosophical discourses, research discourses, common sense discourses, and moral discourses. Discourses are thus produced by domains of power/knowledge and become enmeshed in a power struggle for legitimacy..... Thus, power is a productive network that runs through nurse education. (Darbyshire and Fleming 2008 p265)

In addition, the professional ideals of autonomy, empowerment, and reflective practice espoused in the university environment frequently clash with prevailing stereotypes and expectations of nurses and the neo-liberal, managerial practices in health care contexts. As students engage in the clinical milieu, they often experience a discrepancy between the 'ideal' culture of scholarly and clinical debate upheld in the university, and the culture experienced within the health care setting which demands conformity and physical productivity.

1.5. Chapter summary

Through this account, one can witness some of the contemporary and often contradictory challenges that ensue as the profession struggles for agency among dominant and gendered discourses which circumscribe identity and knowledge. Student nurses especially are situated among what Crowe and O' Malley (2006 p 80) describe as a 'proliferation of simultaneously novel and redundant knowledge and technologies.' It appears then, that nursing education contexts are complex and present many opportunities and challenges for students and teachers alike. These dynamic interactions need further excavation; therefore, one of the three areas of research inquiry in this study involves an exploration of the processes of evolving identity and knowledge among a specific contemporary group of student nurses.

Such complexity of being and knowing requires dynamic modes of conceptualising self and the lived world. Koithan's (1996) call for multiple educational methodological strategies and an educational system that models creativity and critical thinking is pertinent here as a means of handling this complexity. Koithan (1996 p536) also urges nurse educators to 'permit the immeasurable' and to 'acknowledge the unshareable realities of the student-client relationship.' It is within these calls for pluralist modes of conceptualising nursing knowledge and practice that the current research is situated. This research uses and explores narrative and arts-based approaches as a way of permitting the immeasurable in nurse education and as a means of enabling alternative configurations of nursing identity and knowledge. These approaches will be discussed at length in the next chapter.

Chapter 2: Narrative and arts-based approaches in nursing education

2.1. Introduction

In chapter 1, I gave an account of some of the features of nursing history and modern day contexts that are relevant to this research inquiry. I examined the nature and development of nursing's frameworks for constructing knowledge (epistemology) and professional beliefs about the nature of identity and being (ontology) as these widen out from largely vocational, positivistic territory to push up new tubers in pluralistic postmodern landscapes. Narrative and arts-based approaches were proposed as methods that facilitate dynamic exploration of these familiar and new terrains.

In this chapter I take this proposal further and consider at length, narrative and arts-based approaches in education. These methods are used in this study to enable pedagogical inquiry among the participating students and a consideration of the use/fulness of these methods forms one of the areas of research inquiry; therefore, a survey of the underpinning premises and characteristics of these approaches is now required. And so I examine accounts of narrative and arts-based approaches from relevant literature and personal experience and consider how working narratively and aesthetically in nursing education may interact with the configuring and articulation of identity and knowledge.

2.2. Narrative, art and nursing

2.2.1. Rhizomes in the heart of the tree: narrative as a means of configuring complexity

The interest in narrative as a teaching and learning method for nursing comes from the notion that life experience is configured through narrative processes (Bruner 1986; Polkinghorne 1988; Frank 1995). This has significance in considering the learning experiences of student nurses as well as the life experiences of people in their care. Bruner's (1986) work is interesting in relation to how narrative functions in the configuring of knowledge and experience and is therefore relevant to my research concerning ways of knowing among student nurses. Bruner (1986) posits two modes of cognition which work to configure experience and construct reality: the

paradigmatic mode and the narrative mode. For Bruner, the paradigmatic mode of reasoning involves rational, empirical thinking concerning experience and subsequent knowledge development. It 'attempts to fulfil the ideal of a formal, mathematical system of description and explanation' (Bruner 1986 p12). This mode of cognition is widely recognised and valued especially in scientific and technological disciplines. Paradigmatic modes of cognition in nursing were exemplified in the last chapter's discussion on positivism, which constitutes a formal logical system of knowledge development.

The operations of other mode of configuring knowledge, the narrative mode, are not as clearly identifiable. The narrative mode of thinking 'deals in human or human-like intention and action and the vicissitudes and consequences that mark their course' (Bruner 1986 p12). According to Bruner (1990), the narrative mode of thinking helps us organise and make sense of disparate life experiences: 'People narrativize their experience of the world and of their own role in it' (Bruner 1990 p 115). We order our experiences into stories with temporal and logical sequences. Narrative processes of cognition enable and mediate complex interactions between self and environment through time. Narrative

mediates between the canonical world of culture and the more idiosyncratic world of beliefs, desires, and hopes. It renders the exceptional comprehensible and keeps the uncanny at bay—save as the uncanny is needed as a trope. It reiterates the norms of the society without being didactic. And....it provides a basis for rhetoric without confrontation. It can even teach, conserve memory, or alter the past. (Bruner 1990 p52)

I am interested in the idiosyncratic world of beliefs, desires and hopes experienced by the student nurses as they develop and organise their nursing knowledge(s) and identities. Narrative approaches offer pedagogical and research entry points into these idiosyncratic worlds.

2.2.2. Sharing stories and dialogical meaning making

The narrative impulse leads us not only to formulate but also to share our stories with other people. We constantly negotiate and redefine our meanings through dialoguing these stories with others. Bakhtin (1981) argues that human discourse is a complex

web of dialogic interrelations that pre-exists and influences individual utterances and meaning-making. In dialogical meaning-making, as espoused by Bakhtin (1981) individuals appropriate the words of others and populate them with their own intentions. Thus language is shared, recycled and re-invested with meanings:

The living utterance, having taken meaning and shape at a particular historical moment in a socially specific environment, cannot fail to brush up against thousands of living dialogic threads, woven by socio-ideological consciousness around the given object of an utterance; it cannot fail to become an active participant in social dialogue. (Bakhtin 1981 p276)

Through the articulation of the story, the teller, having access to a range of story information, ways of telling and perceptions regarding the audience, edits and selects what is to be told and how it is to be told to an audience. The story-hearer's verbal and non-verbal responses affect this process and influence what the story teller construes as important or meaningful in the story (Casey and Long 2002). In this way stories are processed and made sense of through dialogical meaning making.

Nursing is largely an oral narrative culture (Street 1992; Walker 1995; Flaming 2003). We are immersed in stories: our own nursing stories and the stories of people in our care. Stories about suffering and caring are shared at shift handovers, at bedsides, in corridors, offices, cars and staff rooms. In the sharing, it is claimed that nursing stories have communicative, connecting and transformative potential (Sakalys, 2003; Kirkpatrick & Brown 2006):

Stories and their interpretation (i.e. narrative) have a pedagogical power that is uniqueThrough narrative, one can appreciate embodied knowing: what an experience *feels* like in a subjective and close way, rather than what it *looks* like in an objective and dispassionate way; one can learn facts as well as social impacts; one can be moved towards action rather than simply understanding ... These benefits are crucial for an applied profession such as nursing. (McAllister, John, Gray, Williams, Barnes, Allan and Rowe 2009 p157)

2.2.3. Narrative pedagogy

Conceptions of narrative have had fruitful and interesting interpretations in nursing. For example, Diekleman's (2001) approach to nursing education (Narrative Pedagogy) is based on narrative philosophy. In Narrative Pedagogy, the emphasis is

on sharing and examining narratives in collective encounters between teachers and students. Diekleman (2001 p69) calls these encounters ‘converging conversations’:

Converging conversations seek to disclose what is hidden, remains unspoken, unthought, and concealed in contemporary understandings of learning.Converging conversations are always questioning—but not as a mere cross-examination— rather, converging conversations are a way to keep open the possibility for anything to emerge. (Diekleman 2001 p69)

Thus, teachers and students examine and question the meanings of the narratives and practices they encounter. This necessitates a dramatic shift from traditional approaches that emphasise outcomes and students acquiring content knowledge and then applying it in clinical practice. Narrative Pedagogy is concerned with content knowledge but has an equal interest in critiquing this and other types of knowledge. In this way, the complexity and ambiguity encountered in practice contexts is brought into the classroom through narrative retelling and becomes a source of narrative inquiry. There is no ‘right’ answer or intervention to many of these stories. According to Vezeau (1994 p180):

Narrative will not show the road to take when a comparable situation is met again; it is not prescriptive.... Its role is to compel us to hesitate, to question our reflex response and to remember the individual exception.

As stories are shared about clinical experiences, students examine their values and attitudes in ways that would be difficult to achieve by other methods (Hensel & Rasco, 1992), and become more able to incorporate multiple perspectives into their thinking and responses in dynamic care contexts (Scheckel and Ironside 2006). McAllister et al (2009 p 158) claim that ‘narrative pedagogy can evoke and articulate students’ own understanding and, within nursing, build a sense of place, relationship and professional identity.’ This has resonances for my study where narrative approaches are used in the learning and research environment to explore professional identity and knowledge.

2.2.4. Narrative, arts and experience

In addition to the focus on the stories nurses and patients tell each other about their lived experiences, nursing education is also becoming more attuned to narratives of human health challenges articulated through arts and literature. Arts and health care

have a common essential interest in the human condition. Here Pellegrino (1992 p20) reflects on the affinity between medicine and literature:

Both must start by seeing life bare, without averting their gaze. Yet neither can rest in mere looking. To be authentic they must look with compassion. Medicine without compassion is mere technology, curing without healing; literature without feeling is mere reporting, experience without meaning. Medicine and literature are united in an unremitting paradox: the need simultaneously to stand back from, and yet to share in, the struggle of human life. They must see clearly but they must also be involved in the outcome of the struggle.

Dewey (1934 p2) claims that ‘there is a continuity between the refined and intensified forms of experience that are works of art and the everyday events, doings and sufferings that are universally recognised to constitute experience.’ Art-making could be seen therefore as a narrative process; art is produced as a means of configuring experience and as a way of achieving meaning and unity. Further, the art piece created tells this story of experience. For Dewey, past, present and future experience can be unified through art: ‘Art celebrates with peculiar intensity the moments in which the past reinforces the present and in which the future is a quickening of what now is’ (1934 p17).

Through engaging with art narratives the viewer/reader/listener is drawn into what Dewey (1934) describes as the art experience. This is a dialogical process where the worlds of the artist and interpreter meet through experiencing the artwork. Dewey argues that the work of art is only fully realized through the active engagement of an astute audience. Nurse education is realising the pedagogical benefits of audiencing arts-based narratives and it is within this engagement that my study is also situated.

2.2.5. Art and knowledge

Gadamer’s (2004) hermeneutic philosophy of interpretation and understanding also conceives of engagement with art as a dynamic process. For Gadamer (2004), the art experience is a path to understanding and knowledge. Gadamer refers to this process as the joy of recognition. Via art experiences, he argues, we are able to recognize things we did not realize we knew in the first place:

What we experience in a work of art and what invites our attention is how true it is – i.e.; to what extent one knows and recognises

something and oneself.... The joy of recognition is rather the joy of knowing *more* than is already familiar. In recognition what we know emerges, as if illuminated, from all the contingent and variable circumstances that condition it; it is grasped in its essence. It is known as something. (Gadamer 2004 p113)

This has resonances for nursing where much of our experience and knowledge is habituated and taken-for-granted. Many nurse researchers claim that engaging with arts narratives (literature, painting/visual art, music, dance, drama) in education, research and nursing practice helps nurses to recognise their experiences and also develop possibilities for new or different perceptions and understandings (Darbyshire (1994; Chinn, Maeve and Bostwick 1997; Blomqvist, Pitkälä and Routasalo 2007). According to Koithan (1996 p535), aesthetic methodologies ‘encourage students to explore intuitive meanings and to develop understanding about the relationships between abstract concepts and their own personal lives.’

In nursing education, engagement with artistically created narratives fosters exploration and the joy of recognition as students bring their own evocative, unmediated experiences to meet the art narrative. Nurses, and student nurses especially, encounter situations every day that are emotionally, ethically and cognitively complex. There are no textbook answers and, according to Benner (1984), nurses call on past experiences, embodied knowledge, intuition and critical reflection to respond in the moment in these encounters. Some nurse scholars, for example Carper (1978), refer to this instinctive ability to integrate these complex elements into a spontaneous, sensitive and skilled response as the ‘art’ of nursing or ‘aesthetic knowing.’ Chinn, Maeve and Bostwick (1997 p90) describe aesthetic knowing as ‘the aspect of knowing that connects with deep meanings of a situation and calls forth inner creative resources that transform experience into what is not yet real, but possible,’ a ‘what might be’ that is based in the collective knowing of the nurse in this encounter.

This complexity of integration and inter-relation has few reference points in positivistic domains. Accordingly, Schön (1983 p 49) argues that professionals need ‘an epistemology of practice implicit in the artistic, intuitive processes which some practitioners do bring to situations of uncertainty, instability, uniqueness and value

conflict.’ Nursing educators have begun to recognize the value of arts and literature as a means of fostering these kinds of creative thinking and inquiry. As Eisner (2002 p10) comments:

One cognitive function the arts perform is to help us learn to notice the world [...] Art provides the conditions for awakening to the world around us. In this sense, the arts provide a way of knowing.

2.2.6. Arts and humanities in nursing

Conceptions of the interactions between narrative, arts, experience and knowledge influence the development and characteristics of contemporary medical and nursing humanities programmes. Many of these approaches focus on interpretation of art narratives in the public domain as a means of developing empathy and knowledge about peoples’ individual experiences: for example, the work of Darbyshire (1994) who bases humanities programmes on the study of art and literature related to healthcare themes. Darbyshire (1994) uses the work of artists and writers (for example, Frida Kahlo) to evoke personal responses among students and stimulate discussion and reflection on ethical and professional issues. Wikström (2000) involves students in art gallery visits to enhance understanding of interpersonal relations and give students the opportunity to witness a range of human experiences conveyed through art. In an interesting subsequent study, Wikström and Svidén (2007) extend this activity by asking students to choose a work of art and devise ways that they would discuss this with hypothetical patients.

In the work of Blomqvist et al (2007) practitioners discuss their interpretations of artwork pertaining to loneliness. The researchers claim that this activity helps practitioners to deepen their knowledge of loneliness and engage in self-reflection. Paintings by Turner and the Jana’c’ek opera ‘The Makropulos Case’ are considered by Wainright and Williams (2005) as evoking reflection on loss, ageing and death. These narrative and aesthetic encounters can be a powerful means of humanising and inquiring into lived experience.

In my own practices of facilitating student interpretation of ‘found’ arts and narratives over the years, I notice that the learning environment changes when these methods are

used: students seem to connect more fully to life experiences as they collectively or individually ponder meanings and nuances in a poem or painting and share their own responses and stories inspired by the artwork. As Brown, Kirkpatrick, Mangum and Avery (2008 p 283) explain:

A literary pedagogy in nursing encompasses three interrelated skills—reading, interpreting, and critiquing. The goal is to enable students to change reading strategies from reading for information, key points, main ideas, or answers, to taking authority for their own learning by reading reflectively, observing both their own reactions and the questions the work evokes and actively creating meaning.

In these approaches, although the art experience (as discussed above) is fundamental to the students' engagement with the artwork, traditional narrative conventions are employed for didactic purposes: a story is presented and engaged with and discussion and learning is encouraged regarding the story's possible meanings. The emphasis is on the story as told and interpreted. However there is a risk in using these approaches in that the very aesthetic processes that engage us in a viewing or creating a work of art may be stifled by anatomising or circumscribing the process and/or the piece. Pembroke (2007 p768) warns against the commodification of art:

Creativity and arts without doubt are linked to increased well-being, ability to communicate and sense of self-worth, but I do not want to see an evidence base developed to prove being creative is good for us [...] I do not think we can have specific outcome measures for things like creativity, humour, spirituality, hope or love.

It is possible to see in some of the literature, examples of 'applied' humanities where particular pieces are mined for their healthcare messages, applied to students and the 'outcomes' are measured in a somewhat empirical way. For example, Spence Cagle, Walker and Newcomb (2006) research the effects on students' cultural awareness of reading and interpreting selections from two novels written by and about minority women. These researchers set out with the following 'Testable Propositions' (Spence Cagle et al 2006 p7):

1. If students read and reflect upon imaginative literature written by and about minority women, then they will demonstrate knowledge and acceptance of diversity.
2. If students read and reflect upon imaginative literature written by and about minority women, then they will plan and implement culturally relevant nursing care.

3. If students read and reflect upon imaginative literature written by and about minority women, then they will exhibit ethical understanding in clinical practice situations.

In this research, a group of students is exposed to researcher selected readings from two novels (Toni Morrison's (1970) *The Bluest Eye* and Sandra Cisneros' (1984) *House on Mango Street*). The testable propositions regarding student cultural competence are measured through examination of 'pre and post-intervention case study responses' (2006 p7). These responses are 'coded and categorized' (2006 p7) and frequency counts of student responses are calculated. The results are interpreted by two investigators to achieve 'enhanced trustworthiness of the data analysis' (2006 p8). According to the researchers, the analysis 'demonstrated desired changes in student outcomes and confirmed theoretical propositions' (2006 p8), the authors claiming that post intervention, the students are 'a) demonstrating knowledge and acceptance of diversity, b) providing culturally relevant nursing care, and c) exhibiting ethical understanding in professional practice' (2006 p8).

Enabling perceptual and empathic shifts is one of the aims of using narrative and arts-based approaches in nursing education, however, attempts like this one to prescribe art/narrative interventions and then impose empirical measurement of intervention outcomes on aesthetic processes, seems to me to be questionable. In this study from Spence Cagel et al (2006), aesthetic and creative responses are channelled and processed according to pre-planned desired outcomes. Thus possibilities are closed down for the alternative, surprising interpretations which are what engagement with art should engender in the first place. In using narrative and arts-based approaches, there must be room for the unplanned and unexplainable; play and invention, randomness and spontaneity.

2.2.7. Art-making as meaning-making

Some nursing educators have extended their work in humanities pedagogy to engaging students in creating their own arts narratives as a means of configuring, articulating and inquiring into nursing/healthcare experiences (Jackson and Sullivan 1999; Wasytko and Stickley 2003; Kidd and Tusaie 2004). These practitioners are encouraged by the work of Dewey and Eisner who incorporate the notion of aesthetic

inquiry into their conceptions of knowing and learning. Eisner (2002 p xii) asserts that 'many of the most complex and subtle forms of thinking' occur when students have an opportunity to work meaningfully on the creation of images 'whether visual choreographic, musical literary or poetic' and to scrutinize them appreciatively. Thus engagement with narrative shifts from the story as received and interpreted to the story as created and performed. In the process of creating and performing, tentative, ambivalent and previously unvoiced perceptions and meanings are grappled with and articulated in evocative ways. Through constructing an art piece, the artist performs meaning.

In considering this shift, I want to share a personal teaching story that awakened me to the transformative power of the story as created and evoked through performance. I offer the following account in order to make visible and important, the capacities of aesthetic processes for real-ising silenced or unarticulated stories and meanings. In the performance described in this account, knowledge and understandings are played out in a fluid, spontaneous and uninhibited way, compelling immediate audience engagement, response and dialogical negotiation of meanings.

2.2.8. When words fail: the transformative power of performing meaning

A few years ago, I was working with a group of undergraduate nursing students on a module entitled *The Experience of Mental Pain and Healing*. The aim of the module was to encourage students to look beyond 'textbook' definitions and classifications of mental distress and, through personal and service-user narratives and arts-based representations, to explore lived experiences of mental pain and healing. At the end of the module the students were asked to, individually or in groups, evoke what an experience of mental pain/healing might be like. To 'help' the students some possible experiences were suggested, for example; 'anxiety,' 'depression,' 'suspiciousness,' 'experiencing hope,' 'psychosis.' The students were encouraged to explore and represent these experiences using narrative/arts-informed processes.

In pursuing this activity, some students designed posters, some wrote poetry, others staged dramatic presentations through monologues or role plays, some retained a

tightly structured power point format that continued to focus on objective signs and symptoms with artworks such as Munch's 'The Scream' inserted as an add-on for visual effect.

One group comprised of four African women who had chosen 'Depression' as their theme. The group explained that they wanted to enact a situation where a woman had 'deep sadness' following the birth of her baby. The group went on to re-construct a scenario where the sad woman was visited in her home by her three neighbours. They brought baskets of food, tidied the house and sat with the sad woman conversing about local events and making practical arrangements for sharing the care of her other children while she was sad. The woman sometimes joined in these conversations, sometimes not, but the conversations continued regardless. The woman was not the focus of the conversation but her plight was acknowledged in a pragmatically supportive way. There was no 'resolution' to the students' narrative and one felt that they would have stayed there talking all day.

This dramatic re-presentation stimulated much debate and discussion among the class:

"Where was the mental health intervention?"

"Would none of these 'friends' think of referring this poor woman, who probably had a diagnosis of post-natal depression, to a mental health practitioner? She obviously needed a full psychiatric assessment, may be suicidal or may harm the baby; perhaps she required admission to hospital."

The women responded that no, those things wouldn't happen in their culture but that neighbours, family and friends would provide support.

"Is that because it is a poor country?" the others asked. "The mental health services are not in place so support is provided by well meaning but unskilled networks?"

"No, that is not the reason," the African women replied. "The woman's sadness would not be seen as something that is appropriate for medical treatment, but rather this sadness has a spiritual cause and the woman would go to a spiritual healer."

“But what about treatment of depression?” it was argued. “Don’t you have depressed people in psychiatric hospital?”

“No, in my country we don’t use this term ‘depression.’ We call this woman’s problem ‘kufungisisa’ which means ‘thinking too much.’ Psychiatric hospital in our culture is for mad people; people who are out of control.”

The students in this class had studied, practised and discussed mental health nursing for two years, and they had undertaken modules on inter-culturalism, yet this was the first time that their very different perspectives and cultural backgrounds regarding mental ‘illness’ and ‘appropriate’ care had been shared among the group. Why was this? The African students, although a distinct cohort within the larger group, had submerged themselves into Western constructions of mental distress based on biomedical paradigms, classifications and language, yet their own experiences, beliefs and understandings were something other.

In a profession largely populated by white-skinned workers and dominated by Eurocentric philosophy, Puzan, (2000) argues that ‘acting white’ is required for full assimilation into the nursing establishment. ‘Acting white means adhering to the behaviours, values, beliefs, and practices of the dominant white culture’ (Puzan, 2000 p195). Ethnic culture is disenfranchised and ‘othered’ while white culture is positioned as transparent and normal.

Many of the western students were unaware of the differing perspectives of their colleagues and had presumed consensus of attitudes and beliefs in the class based largely on biomedical principles. When I considered this I realized that our curriculum and teaching methods supported and indeed fostered this homogeneity. I also wondered why and how these differing perspectives had been made visible (and possible) now and through this activity: the dramatic representation. It seemed to me that through re-enacting this situation the students were able to convey their biographical, embodied knowledge and experiences in a naturalistic way. As Leitch (2006 p552) comments:

To date there has been little recognition in education of the importance of embodied knowledge. Embodied knowledge is a way of knowing that goes beyond the intellectual, logical and rational mode of thinking that has traditionally been defined as knowledge to include ‘emotions,

culture, physical sensation and life experiences' [...] Writing and traditional forms of inquiry do not completely convey the sense of felt embodied knowledge in the same way that an image, a poem, a sculpture or a play does.

In planning their presentation, the students had to dialogue meanings and find language and expression for these (the woman was 'sad,' 'kufungisisa,' not 'depressed'). They had control over the construction and projection of the narrative and yet they had the safety of detachment and distance from it because it was, after all a construction, a play. In the collaborative story-sharing between themselves and with their audience, they were able to articulate their understandings in a way that intrigued and engaged others in the art experience as the drama literally unfolded before them. The actors were able to examine and reconfigure their own perceptions in conjunction with, not subjugated to, other understandings and beliefs.

This process stimulated inquiry, challenged taken-for-granted perceptions and also helped other students in the class to articulate and discuss some of their own experiences/beliefs which had hitherto been assigned to marginal fringes. Foucault (1977 p101) observes this capacity, noting that when a narrative is performed it 'transmits and produces power, it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it.'

2.2.9. Narrative told and narrative performed: the poetics of experience

Narrative approaches offer possibilities of exploring people's histories and experiences through shifting lenses of time, dialogical context and perspective. However some writers (Frosh 2004, Leitch 2006) claim that the emphasis in narrative inquiry is invariably on stories as 'told' using traditional language forms and narrative conventions and that this is a limitation of traditional narrative approaches in education and research. In this instance, despite having previously shared many stories of patient care as a class, this was the first time the African students had shared their own personal and cultural stories.

Like Leitch (2006), I ask of traditional narrative approaches: what happens to stories such as those of the African students: stories that are marginalized, other, fragmented

stories, stories that are hardly known to consciousness; stories that find expression through evocation; showing and performing rather than telling? Would the students have found their voices so easily using traditional narrative conventions? Would the alchemy have occurred in this situation if the students had related a story explaining mental health beliefs and care practice in their culture? Was the artistic performance instrumental and/or necessary as a catalyst?

I believe it was. As Mair (1989 p63) comments:

We cannot hope to catch and care for the sparkle of moments of beauty of reverence of joy or personal pain in lumbering and prosaic form. These times, these essentials of our deeper lives, are only to be reached and shared in a poetic expression. A poetics of experience, perhaps.

The arts-based performance offered the students' possibilities to re-enact their silenced, embodied biographies and make them audible and visible. The performative process enabled them to evoke meanings without having to explain, assert or justify these. Denzin (2003 p8) states that

performance approaches to knowing insist on immediacy and involvement. They consist of partial, plural, incomplete and contingent understandings, not analytic distance or detachment, the hallmarks of positivist paradigms.

Thus spaces were opened for this evocative unfolding of meaning to resonate with the audience witnesses, inviting them to consider their own beliefs and experiences and bring these into dialogue. Through this creative representation, I also discovered as an inquirer, alternative ways of exploring the experiences and perspectives of these students. My experience using arts-based methods in this educational context is echoed by other researchers (Barone and Eisner 1997; Clandinin and Connelly 2000) who urge further experimentation with narrative form through art-based inquiry and representation.

2.2.10. Arts-based inquiry and nursing education

Examples of involving students directly in creating and sharing their own art are becoming more frequent in nursing literature. Jackson and Sullivan's (1999) arts-based work with midwives involved these students creating artwork /literature evoking the expressive and creative aspects of midwifery practice. The students then discussed their work with classmates. According to these researchers, the work

produced in this way was diverse and complex and students found the art-making process helped them to explore their own ideas in more depth and work harder at interpreting meanings. They enjoyed having more freedom to articulate and re-present their experiences and perspectives in creative ways and valued being able to share these more evocative narratives with classmates in ways that had not happened before.

Wasytko and Stickley (2003) found that involving mental health nursing students in forum theatre enabled them to experiment with different identities and roles and promoted increased empathy. Kidd and Tusaie (2004) replaced journal writing with the writing of poetry among students in practice situations. As a result of this students reported that they were able to write more freely about their nursing experiences and the researchers noticed that 'their poems reflected their unique way of transforming the experiential and theoretical knowledge they had gained during the course into imaginative and powerful language' (Kidd and Tusaie 2004 p412). Hunter (2002) also states that creating poetry and literature in nursing education 'can foster critical, creative, and analytical thinking':

Through poetry students learn about themselves, human experiences, clients, nursing knowledge, ways of thinking, and ways of knowing that are different from scientific knowledge. For example, a student nurse that was assigned to write a poem about a clinical day may have expressed her feelings about her lived experience concerning her fears, feelings and new found knowledge after starting her first intravenous line on a patient. (Hunter 2002 p145)

2.2.11. Narrative, arts, students and me

Encouraged by the possibilities of arts-informed pedagogy, I developed and now facilitate an option module in Nursing Humanities in the undergraduate nursing curriculum of the university where I work. In this module of study, students engage with, interpret and discuss art/literature in the public domain that focuses on human experiences and themes of interest to nursing. In addition, students undertake art-making projects as means of inquiring into and performing their perceptions of their own identities and experiences and those of people in their care.

In this research study, as previously discussed, I aim to explore student nurse constructions of identity and knowledge as conveyed through their art work. Additionally, another area of my research inquiry involves examining the art-making process itself as a pedagogical method and means of inquiry and knowledge development. In this regard I observe how the student nurses in this study experience creative work. I am concerned with the effects of this engagement.

2.3. Chapter summary

In this chapter the uses and attraction of narrative methodologies in nursing is explored, however the limitations of traditional narrative approaches, where the emphasis is on the story as told using traditional narrative conventions and language, is also exposed. As is evident from the story of teaching practice related here, performative and arts-based methods extend conventional linguistically focussed narrative practices and understandings and enable students to configure and articulate previously silent meanings and marginalised stories. Arts-based pedagogy in nursing education is a powerful method of uncovering and inquiring into the assumptions we make regarding the nature of being and knowing.

But, what are the experiences/effects of using arts-based pedagogical approaches among student nurses in contemporary nursing contexts and how can this be evaluated? In this chapter I discuss an example (Spence Cagle et al 2006) of hypothesis testing regarding the effectiveness of a prescribed aesthetic intervention where student responses are categorised and transformed into outcomes that prove the testable propositions. Are these the tools to use for evaluating the effects of art-based pedagogy? I think not. Exploring aesthetic conceptions and processes demands arts-based methods of excavation and evocation. Therefore, consideration of arts-based research methodology appropriate for engaging with these questions is the focus of the next chapter.

Chapter 3: Attaining the multiple: research methods of the study

To attain the multiple, one must have a method that effectively constructs it; no typographical cleverness, no lexical agility, no blending or creation of words, no syntactical boldness, can substitute for it. (Deleuze and Guatari 2004 p24)

3.1. Introduction

The first two chapters of this dissertation provided the context and rationale for the first two areas of research inquiry in the study: namely student nurse identity and knowledge configuration and the use of narrative/arts based approaches as a pedagogical method of evoking and exploring these experiences and perceptions. This chapter is interested in the third area of research inquiry: that is the rationale, process and practice involved in using narrative/arts-based approaches as the research methodology of this study. This chapter therefore, articulates more specifically the research questions underpinning each area of inquiry, and presents and discusses the research methodology that guides the exploration of these questions.

3.2. Areas of inquiry and research questions

The research focuses on three separate but interrelated areas of inquiry:

1. Identity and knowledge development among a specific contemporary group of student nurses as expressed through narrative/arts-based work.
2. The experiences/effects of engaging with narrative and arts as a pedagogical method and mode of educational inquiry.
3. The experiences/effects of using narrative/arts-based approaches as research methodology; as a means of inquiry into and re-presentation of students evolving identities and knowledge.

Within each of these areas of inquiry, there are specific questions to consider and these are discussed below:

3.2.1. Area of Inquiry 1: Identity and knowledge development of student nurses

Much has been written in this dissertation so far regarding the multiple discourses that influence nursing identity and knowledge. I want to explore how the students in this study experience and manage these varying, perhaps contesting discourses, values and practices. Ceci (2003 p74) voices similar musings and affirms that in nursing, these questions remain unanswered:

How do nurses come to know, to understand, what they are meant to do and to be in their practices? Though it undoubtedly remains an essentially unanswered question..... to even begin to comprehend the everyday practices of nursing is to appreciate that nurses, like other persons, are crossed by multiple discourses that address them in different ways.... Contradictions, incoherencies, rebelliousness and the proliferative interpretability of events means that, even though constituted within particular discourses, nurses with others must constantly negotiate, mend and create to achieve the truth of any situation. In these activities of making nursing real, disciplining effects are both achieved and evaded. It seems important to create a space and a framework to think on the ways that this happens.

I am interested in how the students in the study interpret and negotiate these discourses in their activities of making nursing real for themselves and for others. In this regard, I ask the following specific research questions:

- 1a. How are these new entrants to the profession learning to be nurses amid the complexity of contemporary nursing culture?
- 1b. What characteristics are valued and what discourses influence/are apparent in their identity construction(s)?
- 1c. What knowledge(s) are privileged in learning nursing and how do the students access/achieve this knowledge?

3.2.2. Area of Inquiry 2: The experiences/effects of engaging with narrative and arts as a pedagogical method and mode of educational inquiry

The power of arts/narrative in nursing as a means of troubling taken-for-granted understandings and configuring/articulating complex perceptions was discussed in chapter 2. However, the question remains as to how this particular group of students experience narrative and arts-based approaches as a means of inquiry and a way of knowing. In the pedagogical enterprise of this study, narrative and arts-based

approaches are used to help students to engage with the visceral experiences of people in their care as well as to foster examination of their own positioned, embodied responses as nurses. This is something of a departure from customary pedagogical methods used in nursing. Moreover, employing arts/narrative methods in nurse education would be seen as some as at best, a complementary method or at worst a distracting, time wasting exercise. Narrative and arts-based pedagogy in nursing have not gained the favour and prestige of problem-based learning or evidence-based learning, for example. Freeman and Bays (2007 p8) claim that while there is anecdotal evidence that using literature and arts enhances the educational experience for nursing students, there is little research on the effect of using literature and arts on their learning:

Therefore, nursing faculty are encouraged to not only incorporate literature and arts as a teaching strategy, but to develop a theory base, using current learning, sociological, and communication theories, and conduct relevant research to demonstrate how teaching with literature and arts makes a difference in nursing student learning.

Thus, in relation to the use of art-based pedagogy among the group of students in the present study, the following questions are explored:

- 2a. How do the student nurses in this study experience and engage with/in creative work in the context of more customary educational practices?
- 2b. What are the effects of this engagement on students thinking and inquiry processes?
- 2c. What are the challenges and benefits for students and what are the possible implications for nursing educators and the nursing curriculum?

3.2.3. Area of inquiry 3: The experiences/effects of using narrative/arts-based approaches as research methodology

As Ceci (2003 p74) points out (above) it is 'important to create a space and a framework' to think on the ways that 'nurses come to know, to understand, what they are meant to do and to be in their practices.' This brings us to the choice of methodology for inquiring into the areas of interest i.e. identity and knowledge formation among student nurses and the interaction of narrative and arts-based pedagogy with these evolving elements. In chapter 2, in discussing the evaluation of

the arts-based intervention from Spence Cagle et al (2006), I argued that explorations of aesthetic processes are not amenable to empirical observations and categorisations but require creative research methodologies that allow more fluidity and complexity. Narrative and arts-based research inquiry, to use Ceci's (2003) terms, offer a space and framework that seem most in concert with this dynamic exploration of evolving nursing identity and knowledge. Therefore, questions regarding the experiences and effects of engaging with narrative/arts-based approaches as a means of research inquiry and re-presentation echo throughout the study as I reflexively contemplate the use of these methods in the research context. These questions in this regard are:

- 3a. How do narrative and arts-based approaches function as methods of research inquiry in this study?
- 3b. How do narrative and arts-based research methods interact with the articulation and re-presentation of participants meanings?
- 3c. What are the benefits and challenges of using these research methods and what are the implications/possibilities for future research work in this area?

3.3. Research philosophy and framework

3.3.1. Postmodern research

In postmodern research contexts, there have been many challenges to the notion that absolute 'truth' and 'meaning' exist and are accessible and reproducible through using prescribed epistemologies and methodologies. Objective reality can never be captured, nor can there be a clear view into the soul or inner meanings of another person. Any observation is coloured by the history, culture, language and perceptions of the viewer and the viewed. According to Denzin and Lincoln (2005 p 21), 'the subject of the inquiry is no more able to provide essential truths or inner meanings about themselves: what they do offer are 'accounts or stories about what they have done and why.'

Amidst this complexity, many postmodern researchers argue, no single research method can inquire into/ represent the subtle variations in ongoing human experience. Clough and Nutbrown (2007) conceive of research methodology not as an 'off the shelf' package selected to gain access to the 'truth' of a situation, but rather as an

ongoing reflexive activity where researchers continuously question their own approaches, the issues in the research field and the fit of research questions in these dynamic contexts. This continuous critical stance influences as well as justifies decisions on all aspects of the work. In a similar vein, Van Manen (2006 p720) comments:

Qualitative method is often difficult, as it requires sensitive interpretive skills and creative talents from the researcher. Phenomenological method, in particular, is challenging, because it can be argued that its method of inquiry constantly has to be invented anew and cannot be reduced to a general set of strategies or research techniques. Methodologically speaking, every notion has to be examined in terms of its assumptions, even the idea of method itself.

I find this organic view of research methodology helpful for this study where inquiry is progressive and reflexive and the research context is dynamic and fluid. Accordingly, exploration of the research questions pertaining to the fit and function of art-based approaches in this study is not confined solely to a chapter on methodology but rather a critical stance regarding the choice and use of research methods is ongoing, visible at all stages of the project. This ongoing critical approach is perhaps most evident in the next chapter where I contemplate and begin to try out different tools of inquiry.

The research involves adopting an open, creative stance to using and perhaps modifying a range of interpretive methods. Denzin and Lincoln's (2005 p4) conception of the researcher as an 'interpretive bricoleur' is useful here:

The material practices of qualitative inquiry turn the researcher into a methodological (and epistemological) *bricoleur*. This person is an artist, a quilt maker, a skilled craftsperson, a maker of montages and collages. The interpretive bricoleur can interview, observe, study material culture, think within and beyond visual methods, write poetry or fiction, write autoethnography, construct narratives that tell explanatory stories, use qualitative computer software, do text based inquiries, construct testimonios using focus group interviews, and even engage in applied ethnography and policy formulation.

This work of bricolage: extending, adapting existing approaches and inventing new ones allows for experimentation and plurality which is in concert with the arts-based nature of the study. However all experimental journeys have a starting point in

known territory and it is important to have this foundation as a place to step off into the unknown. The bricoleur invents or adapts tools in the context of what is already known and made. Therefore this chapter situates and discusses some of these epistemological and methodological approaches that appear to offer meaningful ways of engaging with the research questions discussed above.

3.3.2. Research design

In order to learn more about the processes of constructing identities and knowledge(s) as nurses, this exploration is undertaken among students as they ‘become’ nurses. The research is ethnographic in design. Hammersley (1984 p20) defines ethnography as

a form of social research which relies on the first-hand knowledge of social processes gathered *in situ* by the researcher through participation and observation, questioning the people involved, and collection of relevant documents.

In this research I am with the students as a participant observer, inquiring into their experiences and perceptions, collecting and exploring narratives. Clandinin and Connolly (2000 p20) describe the research inquirer as interacting with participants

over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that make up peoples lives, both individual and social.

I like the notion that the researcher ‘enters this matrix;’ and is ensconced in the milieu of emerging and ongoing individual and social story-sharing and meaning-making. For me, this way of working fits with my embedded position among the students and enables me to fully engage with my research questions concerning their constructions of identity and knowledge through narrative reconfiguration. Accordingly, ethnographic practice underpins the methodology of this study.

3.3.3. Conceptual framework of the research

This research is guided by the notion that people (in this case student nurses) make sense of experiences and forge identities through story making and story sharing. The function of narrative, as conceived by Bruner (1986, 1990) in organising experience,

was discussed in chapter 2. According to Clandinin and Connelly (2000), we construct a biographical sense of self through narrative construction across time and social contexts. Stories of self constitute and are constitutive of experience: they are a telling, a making, and a performance of experience at the same time (Bruner 1986; Peterson and Langellier 2006). This research attempts to make visible these narrative modes of configuration among the students as well as inquiring into their narratives of personal and cultural worlds.

Narrative configuration is a social activity. People share stories with others and enter into dialogical meaning-making: stories are performed in this social space and preferred identities are presented in an attempt to persuade audiences (Goffman 1956; Bakhtin 1981). Thus stories and possible meanings are further negotiated and re-configured. This process of dialogical meaning making, with reference to Bakhtin's (1981) work was discussed in chapter 2. Because narrative construction and meaning making is a dialogical activity, the dynamics of power operate in this process and certain meanings may be privileged and gain more credence in various interactional spaces. Other narratives and meanings may be marginalized and silenced. We witnessed this occurrence in the story of teaching practice shared in chapter 2.

In the oral culture of nursing, information sharing, emotional support and socialization of new members is often achieved through anecdotes and stories. Meanings, understandings and practices are shaped through story sharing in these encounters. This research, in its methodological practices, engages with and fosters dialogical meaning-making through the sharing of student narratives. However, the influence of culturally shared, normalised totalising narratives in students meaning making is also examined and deconstructed through pedagogical and research endeavour.

3.3.4. Extending narrative approaches: making the multiple through arts-based inquiry

This research activity is underpinned by conceptions of narrative as an organising and dialogical activity which is amenable to inquiry and representation. However, the limitations of traditional narrative approaches in education became apparent in chapter 2 as we encountered a situation where students had not been able to ‘tell’ their stories using the conventions of spoken narrative. Rather, the silenced stories of these students became audible, visible and tangible through creative performance. This limitation may also be present in narrative research approaches which rely solely on the participant’s ability and willingness to articulate and tell their experience using oral/linguistic narrative conventions. This constitutes a challenge for me as in my research the students need to be able to access to a wide range of methods for inquiring into, configuring and sharing their stories and experiences.

My own position in this regard has much in common with Leitch (2006) who sees arts-based research as extending traditional practices of narrative inquiry in that it retains the conceptual framework of the narrative mode of configuring experience (in Leitch’s study this involved autobiographical time-lines and narrative conversations) but goes beyond the limits of language or prosaic consciousness through the use of arts-based methods (in Leitch’s research drawing self system pictures and mask making) that give access and expression to embodied, ‘felt’ knowing. Similarly, in my research I want to facilitate exploration and configuration of these more nebulous ways of knowing that are also fundamental to the students’ learning and development as nurses.

Leitch (2006 p549) describes her research practice as incorporating ‘a heuristic methodology termed ‘creative narrative’ that combines arts-based methods with narrative inquiry.’ Like Leitch, Chase (2005) sees contemporary narrative inquiry as a particular type of qualitative inquiry, capable of accommodating diverse forms of inquiry and representation while retaining its focus on biography and identity:

Contemporary narrative inquiry can be characterized as an amalgam of interdisciplinary analytic lenses, diverse disciplinary approaches and both traditional and innovative methods – all revolving around an interest in biographical particulars as narrated by one who lives them. (Chase 2005 p. 651)

My use of arts-based inquiry in this study is informed by and incorporates the conceptual premises of narrative approaches. However, arts-based inquiry as used here, extends these methods and offers possibilities of engaging more creatively with the complexity of the research questions and the students' responses to these.

There has been much interest in contemporary social science research in experimenting with alternative ways of exploring worlds that open up spaces for ambiguity and multi-faceted perspectives. Considering this, arts-based work helps me to conceive of ways of opening spaces to explore the complexity of identity and learning development among these student nurses. According to Richardson and St Pierre (2005 p969), arts-based approaches in research provide 'a condition of possibility for producing different knowledge and producing knowledge differently.'

In educational, social science and health research contexts researchers/practitioners use arts-based inquiry practices (visual, dramatic and textual/poetic) to provide divergent ways of inquiry and meaning making (Clough 2002; Mienczakowski, Smith and Morgan 2002; Luttrell, 2003; Irwin & de Cosson, 2004; Speedy, 2005; Reed 2006, 2009) to question taken-for-granted knowledge, trouble relationships between knowledge and power and to challenge traditional forms and meta-narratives. In nursing research, arts-based methods of inquiring and re-presenting are becoming more frequent, for example: Muncey & Robinson's (2007) exploration of marginalisation through poetic form and photograph; the work of Mitchell, Jonas-Simpson and Ivonoffski (2006) in creating of a drama based on the experiences of living with dementia; and Jonas-Simpson's (2003) evocation of the experience of being listened to as expressed through the medium of co-created flute music.

In stepping off from and extending narrative approaches, I return to the notion, discussed above, of the researcher as bricoleur: thinking within and beyond methods, surveying the research field and examining the tools to hand. Denzin and Lincoln (2005 p4) assert that 'if the researcher needs to invent or piece together, new tools or techniques, he or she will do so.' Similarly, Clough and Nutbrown (2007 p29) advocate a regenerative, creative approach to the crafting and use of research methods:

A method turns out not to be a spanner – or even a micrometer – but rather something which has to be painstakingly custom-built from other drafters’ cast offs which, whilst providing a general guidance, were not made *for this particular job*. It is actually this particularity which it becomes the task of methodology to explain (original italics).

This research is situated in a narrative paradigm while aiming to extend these practices through the use of arts-based inquiry. The dynamic nature of the research context and the areas that I aim to explore call for methods of inquiry that are innovative and responsive to changing nuances and resonances, therefore static ‘tried and tested’ frameworks will not suffice. And so, in this endeavour, following Clough and Nutbrown (2007 p29), I make use of ‘other drafters’ cast offs.’ This involves the use and evaluation of a variety of arts-based/narrative methods, some of which are ‘custom-built’ ‘for this particular job.’ The choice and fashioning of these methods are made in concord with the changing research and educational environment.

3.4. Custom built tools: specific arts-based methods used in the inquiry

Various arts-based inquiry methods, for example exploration and creative representation of students’ art, stories and poetry, are used simultaneously within the educational/research enterprise and as ways of engaging with the research questions. In addition, vignettes from field notes and other interpretive voices contribute to the meaning making dialogue and thread their ways through the study. According to Flick (2002), the combination of multiple methodological practices, materials, perspectives and observers in a single study adds rigour, breadth, complexity, richness and depth to an inquiry. Further consideration regarding the choice of specific arts-based methods now follows

3.4.1. Creative writing

Thought happened in the writing (Richardson and St Pierre 2005 p 970).

Many arts-based researchers refer to the interaction of writing practices with cognitive and analytical processes. Richardson and St Pierre (2005), claim that the practice of writing is a method of inquiry and a way of knowing. Cixous (1993, p38) describes

her writing process as 'reaching towards a place where knowing and not-knowing touch.' In relation to nursing, Jolley (1992 p51) notes that 'there is a connection between nursing and writing - both require a gaze which is searching and undisturbedly compassionate and yet detached.' The students in the study engage in creative writing workshops and also create poetry at home. The workshops are informed by topics that are relevant to nursing/healthcare and these topics are selected by participants and/or me. In facilitating the creative writing workshops, I find the work of Bolton (2005) and Sampson (2004) helpful as these practitioners offer useful prompts for initiating creative writing processes as well as providing support with ongoing work.

3.4.2. Visual art-making

The crisis of representation in the 'linguistic turn' has already been referred to. Leitch (2006) asserts that 'non-verbal data, particularly embodied experience need to be incorporated in the research process in order to make sense of undisclosed, un verbalized meaning.' The students in this study engage in visual art-making through collective workshops and on an individual basis. The creation of visual art facilitates students in articulating the unsayable, and enables them to allude to and evoke meanings 'that elude linguistic description' Barone and Eisner (1997 p90).

Edgar's (2004) method of 'imagework' informs and guides the visual art workshops. This involves asking students to construct an image that reflects their meaning or perceptions of a particular issue, experience or topic being considered. Edgar describes this as 'an active process in which the person ...lets go of the mind's normal train of thoughts and images and goes with a sequence of imagery that arises spontaneously from the unconscious.' thus enabling 'the creative capacity of the imagination to generate spontaneous imagery that is open to interpretation' (Edgar 2004 p91). The images are shared (if desired) and discussed in the group context. This activity enables a further reconfiguring. Edgar (2004) claims that as participants discuss their imagery and crafted images with others they engage the intuitive and affective dimensions of the self in a way unlikely to be achieved solely through a cognitive engagement with an interviewer/researcher.

3.4.3. Ekphrastic engagement with relevant art/literature

Many medical/ nursing humanities courses (including this one) involve the exploration of literature and art from the public domain that is relevant to healthcare/nursing interests. I extend this method by asking the students to respond artistically to some of the visual art they encounter. This activity is known as ekphrasis which is defined as a verbal representation of a visual representation (Muller 2004). In the educational/research context this involves the students responding to a painting or a visual image by creating a poem. My aim in using this technique is to try to blur the boundaries between visual and verbal signifying and to extend them both. Hollander (1995 p4) claims that ekphrasis involves ‘addressing the image, making it speak, speaking of it interpretively, meditating upon the moment of viewing it.’ I want the students to interrogate the images, to engage in the tension between the silence of the visual representation and the articulation of words to evoke aspects of their responses and meaning making. This process also brings to mind A/r/tography as conceived by Springgay, Irwin and Wilson Kind (2005 p900):

A/r/tography is a coming together of art and graphy or image and word. It is a doubling of visual and textual wherein the two complement extend, refute and/ or subvert one anotherthrough doubling, hegemonic categorisations of knowledge production are troubled, infusing both the art and the graphy with intention and attentiveness.

3.4.4. Individual and group work

In addition to working as a class group, students engage with art-making/ arts inquiry on an individual basis through homework activity or individual work in the classroom setting. This provides an opportunity for contemplation on their personal experiences and perceptions outside the group dialogical context. For example, students are asked individually to find or create art works, media images or objects/symbols that are meaningful to them in relation to nursing identity/purpose. These ‘texts’ are brought into the group context and provide a focus for dialogue. Harrison (2002) claims that when participants are more proactive in asserting their own perceptions, they have a greater sense of control over the research process and that as a result, possibilities are opened for counter-narratives and challenges to dominant ideologies. The aim is for

the students to engage in inquiry and meaning making through dialogue with art and self in the individual process of making art as well as through dialogue with colleagues in the making and sharing of art narratives in a group context.

3.5. Art-making and recursive meaning-making

In considering the use/fullness of these arts-based methods for my pedagogical and research endeavour, Alfonso's (2004) observations on his work involving participants creating and modifying sketches are interesting. He sees drawings as 'a catalyst for observation, a path to reflexivity' (Alfonso 2004 p75) and a method of recursive meaning-making in that: 'we were involving them in further constructing their discourses and re-interpreting their memories' (2004 p79) in 'a process that guided research from written materials to pictorial re-creations and back again, each time casting new light on particular events or objects' (2004 p84).

This recursive meaning-making is also described by Eisner (2002 p11): 'The works we create speak back to us, and we become in their presence, a part of a conversation that enables us to see what we have said.' Seeing and dialoguing 'what we have said' through art is central to both the educational/learning process of the module and the research inquiry. I wonder how the work created by the students in this study will 'speak back to' them as they 'see what (they) have said' In this recursive process described by Eisner and Alfonso I am interested in how the students articulate, interpret and reconfigure their arts narratives and negotiate meanings in collective, dialogical contexts. This process of recursive meaning-making achieved through arts-based activity is central to addressing my research questions concerning the nature and function of arts-based approaches as pedagogical and research methods.

3.5.1. Recursivity and Artful Research

Eisner (1991) sees the research process in itself as reminiscent of crafting a work of art through processes of aesthetic inquiry, recursive meaning making and evocative re-symbolisation. This metaphor is particularly apt in evoking the research process occurring in my study which involves aesthetic inquiry through student/researcher art-making, recursive meaning-making as we move back and forth between the art-piece

and our understandings of it, and evocative re-symbolisation as I re-present these meanings and work to a wider audience using arts-based methods of re-symbolisation. The recursive process is thus carried further through the re-symbolisation as the audience/reader of the text is implicated and invited to engage in the further configuration of meaning.

3.6. Chapter summary

This chapter articulates more specifically the questions that are the focus of the research. These centre on three main areas of inquiry: the identity and knowledge development of a specific contemporary group of student nurses as expressed through narrative/arts-based work; the experiences/effects of engaging with these narrative/arts-based methods as a pedagogical method; and thirdly, the value of using narrative/art-based methods as a method of research inquiry. In taking these concerns forward, I embrace the concept of narrative as organising framework and method of articulation of experience. However, as in chapter 2 where the limitations of traditional linguistically focused narrative approaches in educational pedagogy were overcome, I aim, in this inquiry, to extend narrative research methodology to include arts-based research methods as a means of exploring and configuring meanings in more dynamic ways. This demands a continuous critical and creative stance as researcher and so I use postmodernist approaches that involve invention and ongoing reflexivity, incorporating the notion of researcher as bricoleur. The following chapter is a reflexive account of the unfolding experiences of using these ‘custom built tools’ and fashioning others as the module and the research gets underway.

Chapter 4: Rhizomes, field organics and stepping off familiar paths

4.1. Introduction

In chapter 3, I set out to articulate research questions and propose the methods by which I hope to address these. However, the postmodern perspective discussed in chapter 3 also reminds me that research methodology is not an off-the-shelf package (Clough and Nutbrown 2007) that can be applied to the research field in a linear and unproblematic way, so I regard the methodology of this study as an ongoing reflexive activity. Archer (2007 p4) defines reflexivity as ‘the regular exercise of the mental ability’ of people ‘to consider themselves in relation to their social contexts and vice versa.’ In research, reflexivity is a complex and necessary activity involving ongoing consideration of the interaction between the processes and contexts of knowledge production in the research environment and the researcher’s own position and biases. Denzin (1997 pp 224-225) describes reflexive accounts as ‘texts that are aware of their own narrative apparatuses, that are sensitive to how reality is socially constructed, and that understand that writing is a way of ‘framing’ reality.’ Therefore ‘a responsible reflexive text announces its politics and ceaselessly interrogates the realities it invokes while folding the teller’s story into the multivoiced history that is written (Denzin, 1997 p 224).

This chapter aims to bring the reader/audience closer to the reflexivity exercised in the research environment by evoking and sharing some of the dilemmas and choices that are part of the unfolding research activity. Therefore, through field notes and musings I re-enact and draw attention to some of these issues, questions and possibilities that arise from the actual research context, examining the relationships between these and the research questions and approaches chosen for the study. The work of bricolage, discussed in chapter 3 is made visible as I modify, borrow and invent arts-based approaches in response to the resonances in the research environment.

I start this replay at the beginning of the research story and move on to share other points of bricolage and adaptation that occur organically throughout the inquiry, informing and influencing the overall art-based approaches of the study. In this

chapter I begin the practice, which will continue to feature in the remainder of the dissertation, of adopting different positions and voices. According to Bourdieu (1992) and Denzin (1997) reflexivity also involves being mindful of habituated positions taken up by the researcher which preclude or ignore other discourses that occur in the social research environment. This awareness encourages the use of multi-vocal texts where no individual interpretation is privileged. Multi-vocal practice enables me to engage with, respond to and represent the subtleties of the research environment in more creative and dynamic ways. For example, in what now follows, the authorial voice gives way to the more tentative voice of ongoing reflexivity as I make visible some of mental processes involved in the actual research inquiry and the making of research decisions. So begins my account of thinking out loud.

4.2. Preparing and entering the field

4.2.1. Ethical preparations

As with all forays into the unknown, some forward planning must be made and so before embarking on this educational/research journey, I make a mental checklist of my arrangements. Ethical preparations are paramount. I've discussed ethical concerns involved in undertaking research among students with my dissertation supervisors in advance of commencing this research. My proposal to Dublin City University ethics committee has been approved. I've discussed the proposed research with all potential second year students undertaking the course and the 20 students who have signed up for the module have given written consent to be involved in this ethnographic study of their experiences and perceptions as conveyed through module artwork.

So, the formal ethical preparations have been undertaken. I am conscious of possible ethical dangers in this work with the students, in particular whether students feel compelled to participate in the 'researched' activities given that I am also the module co-ordinator and assessor. I have explored these issues with them prior to commencing the module, we discussed how these elements can be reconciled and how their participation in undertaking, sharing, discussing their own work is consensual, on their terms, on an ongoing basis.

As part of the university ethical approval for the project, an independent lecturer from a partner college has met with the students to ensure that they understand and are comfortable with the dual components of the module. I am pleased about this as he has also allowed his contact details to be given to students and has made himself available as a support person for any student should they require this during the module/term of research.*

I am conscious of my dual role of educator and researcher and am aware that the module aims and learning outcomes are much broader than my research questions. How do I balance these imperatives so that the students' learning is not compromised yet the research questions are adequately addressed? Although there are ethical guidelines that are helpful (Mauthner, Birch, Jessop and Miller 2002) researchers cannot rely on any particular set of ethical guidelines to address every issue that will arise in the research field. Beyond all rules and frameworks, Deleuze (2004 p169) asks us 'not to be unworthy of what happens to us' in the research context. Ethical awareness and care also requires ongoing reflexivity and continually asking questions of myself, my attitudes and research practice. "What are you up to?" as Mair (1989 p67) inquires. I have to take care not to over-represent my own research agenda in the balance of the module activities. In addition to personal questioning, regular discussion with my research supervisor regarding reconciling these imperatives is also essential.

4.2.2. Working in fertile ground

I've been co-ordinating this module for three years but this year it's different. This year it's research. So I set out with my research questions and my arts-based methods of inquiry, hoping that these will enable access to the worlds of student nurses and exploration of our experiences of divergent pedagogies. However, from the first days of working with the students I find that many more 'field questions' (Clough and Nutbrown 2007) appear rhizomatically from the students' own work. Here is an extract from my notes of the first day of planned art activities:

*Details of the information and support discussed with/offered to students is provided as appendix 1

Despite all the careful planning and explaining I can see that the students are not quite sure what to expect from this module they have chosen. Nor am I, for that matter. "No lectures" I'd promised them, "small discussion group...opportunities to explore nursing in interesting ways...." We'd done the icebreakers.

Rachel: "Hi, - Rachel from Meath, I'm 21, studying General Nursing and have 2 brothers and a King Charles that I really miss when I'm in Dublin."

Mostly young women; bright eyed, pert. A couple of older motherly types, somewhat like myself. Two men, one with acne and dreadlocks and a lot to say. So... how to take off on our odyssey using wings of poesy?

Briege: "Ok... let's think about our journeys into and through nursing so far and draw, paint or write a story or poem about these journeys."

This request is designed to address my research questions pertaining to the students' constructions of nursing identity. After a little initial head scratching, giggling, finding spaces and equipment at painting/writing tables, they get to work; some writing/drawing immediately, some splodging, some thinking, and some quietly consulting with friends. These are 'good' students; they are not going to tell me to piss off or moan that they can't do this. They are used to coming up with the goods, unquestioningly and at short notice. 30 minutes later they are finished.

Briege: "Ok, who wants to show us their work?"

There are rivers and roads and runaway trains and we talk of hopes and joys and tribulations along the way but more of that in a minute; I want to think about something else that happened. Rachel asks if she can read out her poem.

Beginner Nurse (Rachel)

*Nervous, in the early morning
The journey's length distracts me.
I think of all I cannot do
Or the least of things that scare me.
The lights on the hill
As I enter through the big gate.
I think of the unknown life which goes on within
This will be my future.
I don't trust my judgement.
Needles, pads and catheters
My friends' own disbelief.
Horror stories? Misconceptions?
I'll have to wait and see
A long days work ahead of me.
The deep end, my first stop.
The naturalness of nakedness
Is really quite a shock.*

*I got my hands dirty; I dealt with puke and bile.
And now I'm washin' Grannies
Like it's goin' out of style.*

The poem seems to strike a chord with many of the other students, initial laughter soon turns to spontaneous animated discussion in dyads and small groups. Wafts drift past and I catch at them. "Do you remember the first day on the surgical ward and that horrible ward sister?"..... "Have you had a cardiac arrest yet?"..... No, sputum is the worst....Have you had a death? "My da thinks I'm mad doing this."

I want to join in... I want to say; "I'm also nervous and pushing at a big gate" and I think; perhaps this poem has sparking points for many of us?

(Extract from field notes 5 March 2007)

I find myself returning to Rachel's poem at several points during the module as we explore the students' experiences of becoming nurses. In the poem Rachel presents a narrative of her evolving identity as a student nurse. The tone of the poem is upbeat and it is an apparently straightforward account of initial fear/distress overcome by jumping in at the deep end, immersion and therefore resolution of the problem which results in 'skilled' (perhaps habituated) practice and identification with an occupational/social/cultural group. Rachel's use of rhyme and humour represents this process as linear, progressive, increasingly automatic and ritualised as she engages in this world, yet other images and words within the poem reflect more complex impressions, 'shocks' and falterings on this journey. I wonder how this poem resonates with other students. Do they think of 'all (they) couldn't do?' How do others feel about 'the naturalness of nakedness?' Is this occupational socialisation as incremental as Rachel's poem suggests and what does 'washing grannies like it's goin' out of style' signify and involve? How is it achieved and is it a desirable achievement? Rachel's poem resonates with, yet extends in a productive way, my original research questions in this area. I wonder how I can bring the poem to interact/resonate with/rub up against other students' perceptions and articulations of their ways of knowing and being in nursing.

As the work with the students progresses, Rachel's poem becomes a stimulus for asking further questions (of students, the artwork, my own observations) regarding their evolving identities as nurses and their ways of knowing and becoming. We

seem to keep coming back to it as to a fountainhead, carrying forth its metaphors and symbolism. The poem becomes another arts-based inquiry tool through the recursive re-playing of its metaphors in juxtaposition with other impressions and perspectives that are finding expression in the art work, for example other students representations of their first days in nursing and the shocks and falterings that they experience on their journeys in becoming nurses.

I realise that choices regarding which methods of inquiry to use are not necessarily all made in advance. Already, I am tinkering with my research methodology, adapting and reconfiguring. As Nelson, Treichler and Grossberg (1992 p2) note: the 'choice of research practices depends on the questions that are asked, and the questions depend on their context, what is available in the context and what the researcher can do in that setting.' However, when I find myself tempted to follow these rhizomes all over the field and become immersed in other interesting yet tangential lines of inquiry, Clough and Nutbrown (2007) also remind me that there should be a clear, logical and reflexive relationship between research questions and these 'field questions' evident throughout the work.

4.2.3. Examining the yield: data analysis

Analysis, like the inquiry itself, is an ongoing process throughout all stages of this educational and research endeavour. I discover that it is not confined to one particular time slot of activity once the 'data' have been gathered, but is integral to the ongoing, evolving nature of the work of inquiry through art. Analysis is performed as we (the students and I) engage in dialogical inquiry as the works are being created, presented and performed. Rose (2001 p5) claims that in the process of 'audiencing' 'a visual image has its meanings renegotiated, or even rejected, by particular audiences watching in specific circumstances.' Edgar (2004) in recognising this dialogical process, incorporates it into his imagework framework. According to Edgar (2004 p93), this process of group inquiry and analysis can involve up to four stages:

first the descriptive stage where respondents 'tell their story;' second, analysis by participants of the personal meaning of their experience of symbols used; third, analysis of the models used to inform their imagery; fourth, the comparative stage when respondents compare their imagework with that of others in the group.

Such a dialogical process informs the analysis of all the art-making and art-sharing in this research. Many of the observations and discussions are recorded as field notes and these contribute to a participatory and often pluralistic analysis. This collaborative process of art-sharing and meaning-making is re-played in the next chapter of the dissertation.

However, in addition to the collaborative interpretations of the work produced, some analytical distance is also required. There are other layers of meaning, in images particularly, that are not verbalised or shared in group contexts and I return again, recursively to the source of the evocation: the finished art or poetic piece to look for what else may be suggested there.

The analysis of the following art-work is an example of this recursive meaning making that occurs both through the audiencing of the image and through my scrutinising the actual content of the image afterwards. This analysis is contained in an extract from my field notes:

I'm puzzled about some of the work the students produced today. This image is an example of those created in our workshop which focused on embodiment. I asked them to draw around each others bodies and then on their own body map, write their feelings as they occurred when their colleague drew around their body shape. They were also asked to identify on their map, areas of their bodies that are important to them as nurses. Here, I was attempting to use visual arts-methods to encourage students to express embodied, tacit perceptions of identity. This image is characteristic of the body maps created:

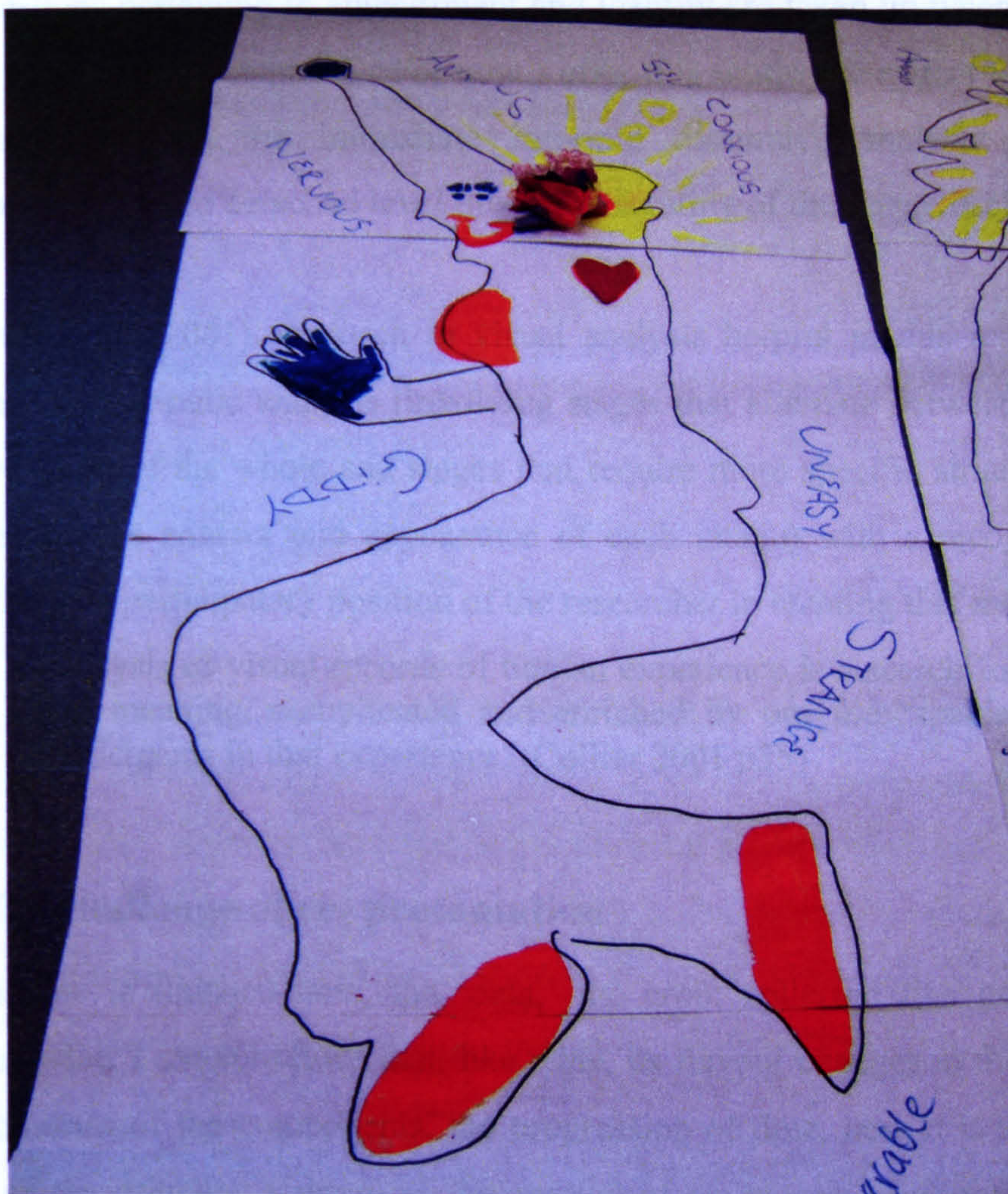


Image 1: 'My body' workshop

In the ensuing discussions the students talked about their nervousness and feelings of vulnerability at having their body space invaded and this discomfort is apparent from some of the words they have written around the various body parts: 'strange,' 'vulnerable,' 'uneasy,' 'giddy,' 'self-conscious.' They immediately related this to people in their care who also have body spaces invaded; often with little preparation or sensitivity. We also discussed the elements of the body that they highlighted as important in their identities as nurses. Hands, feet, hearts, and brains figure widely in the images and the conversations and in this image here the breast also features.

Now I've returned to these images and I notice that in many of them, no body parts are identified or seen as important between chest and feet. Although many interesting interpretations were made through the discussion, this feature was not mentioned in the group analysis. I wonder about the vacant spaces in both the images and the dialogue. What might this absence mean? Does it imply a void in terms of the nurses' possibilities/inclinations to express or assert their sexualities or gender? Is there a fundamental part of personhood and identity silenced in nursing?

(Extract from field notes 15th March 2007)

The questions pertaining to embodiment and identity are taken up when this image is further discussed in Chapter 6. For now I offer this fieldwork extract to illustrate the interaction between the immediate informal discursive analysis and analysis undertaken at a more detached level involving scrutiny of the image itself.

I find Collier's (2001) approach to visual analysis helpful in this regard in that it combines a systematic analysis (involving stages that alternate between acquiring an intuitive grasp of the whole and stages that require more specific structural analysis, focusing on the content and appearance of each image) with a recognition of the subjective and participatory position of the researcher in creating that meaning:

Analysis of visual records of human experience is a search for pattern and meaning, complicated and enriched by our inescapable role as participants in that experience. (Collier 2001 p35)

4.3. The challenge of re- presentation

The module is finished now, the 'data,' the crop, collected like grapes to make precious wine. I am conscious that, like wine, its flavour changes in the pressing, the configurations of the components, the progression of time, how it is served and the palate of the drinker. I return to the myriad of art pieces/ performances/ writings created by students and myself and I wonder where and how I can begin to make sense of this collection of meanings, how to craft the narrative and final re-presentation of this work.

Speedy (2005 p66) observes that while traditional researchers undertake their fieldwork and subsequently 'write up' their findings, 'the writing itself is often a huge part of the theoretical and practical research process.' I ask myself how I can notice, inquire into, interpret, re-present, balance and give voice to the many evocations and resonances in the data. As Chase (2005 p 658) comments: 'the idea that researchers are narrators opens up a range of complex issues about voice, representation and interpretive authority.' Balancing and making judgments about the use of multiple voices in a creative research text is a complex activity. Tierney (1999 p309) argues that writers' attempts to include these voices calls for narrative range as wide and experimental as that offered in literature.

What these authors are struggling to get over is how to get out of the representational straitjacket that social scientists have been in for most of this century....The authors want to create greater narrative flexibility in time, space and voice.

But then I realise that these creative lines of flight (Deleuze and Guattari 2004) already exist. There is an existing interplay between these creative narratives and Rachel's poem. Elements in the poem have resonated with and called forth other understandings and meanings that surface in the work of other students. Perhaps a narrative configuration involves a further recursive inquiry between this multiplicity of meanings using the poem lines and metaphors once again as points of reference and departure? Thus, in organising this 'data' I return to Rachel's poem and use its elements to re-call and re-arrange the voices from the research context in ways that make visible, yet leave space for inquiry into, some of the resonances, contradictions, connections and paradoxes inherent in the students' constructions and expressions of identity through art-making processes. In this multi-layered text the poem assumes the characteristics of Richardson's (1997 p2) crystal - tangible in itself yet other shapes and views can be glimpsed through it as it reflects light backwards and forwards:

I propose that the central imaginary for "validity" for postmodern texts is not the triangle – a rigid, fixed, two-dimensional object. Rather, the central imaginary is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach. Crystals grow, change, alter, but are not amorphous. Crystals are prisms that reflect externalities *and* refract within themselves, creating different colors, patterns and arrays, casting off in different directions. What we see depends on our angle of repose. Not triangulation, crystallization. (Richardson 1997 p2)

This opens possibilities in the research text for playfulness and plurality as meanings resonate with each other in ways that are not settled, definitive or fixed. The representation of student perceptions and experiences thus involves an evocation of contrasting, perhaps contesting meanings with metaphors from the poem working as a conceptual map. These metaphors and images operate as chapter headings and are audible in the cacophony of the multi-vocal text.

4.3.1. Creative Juxtaposition and Montage

But how can I actually incorporate these multiple, sometimes contesting meanings into the research text? Working as a bricoleur and pondering a fitting way of making visible the relationships between some of these shapes and views leads me to consider the practice of montage as a means of evoking this plurality of meaning. Montage, as a method of representation allows different ‘texts’ (in this instance the research data) to be juxtaposed to or superimposed on one another, this juxtaposition enables the texts to interact with/rub up against each other and allows possibilities for meanings different from what each text suggests separately. The dialogue between the voices and understandings in the texts creates a new interplay of meanings:

The qualitative researcher who uses montage is like a quiltmaker or a jazz improviser. The quilter stitches, edits, and puts slices of reality together.....In texts based on the metaphors of montage, quiltmaking and jazz improvisation, many things are going on at the same time-different voices, different perspectives, points of views, angles of vision.....They move from the personal to the political, from the local to the historical and the cultural. They are dialogical texts. They presume an active audience. They create spaces for give and take between reader and writer. (Denzin and Lincoln 2005 p5)

Montage owes much to the work of Russian film director and theorist Sergei Eisenstein. For Eisenstein (1994), montage has as its aim the creation of ideas and alternative perceptions rather than linear, habituated apprehensions of events and experiences. Eisenstein sees montage as collision rather than linkage of meanings. In discussing Eisenstein’s work, Antoine-Dunne and Quigley (2004 p7) claim that ‘the dance of oppositions set in play by contrapuntal montage are in themselves implicated in a dialogic relation that triggers a series of configurations that constitute a free play of associations.’ Here I am again reminded of Richardson’s (1997) image of the crystal - a prism bouncing off dynamic and different shades and strengths of light depending on position, stimulus and stance. ‘There is no such thing as ‘getting it right,’ only ‘getting it’ differently contoured and nuanced’ (Richardson 1997 p2). Different tellings and readings involve different meanings depending on standpoint and lens (Mishler 2004). Some parts are fore-grounded and some are back-grounded in a dialogical process where different elements are resonating for teller/performer and audience. This practice has much to offer as I contemplate ways of arranging meanings and perceptions in the research re-presentation that invite further possibilities of resonance.

4.3.2. Organic re-presentation

‘Organic – occurring or developing gradually and naturally, without being forced or contrived’ (Encarta Dictionary online- accessed 22/11/09)

As I work through these possibilities for inquiring into, analysing and re-presenting meanings from the field of the research, I notice that, like Rachel’s poem, creative juxtaposition and montage are more than data representation tools and that these practices also arise and evolve organically from the educational/research context itself. In my work with the students, performing, sharing and discussing the work involves constant juxtaposition and negotiation of meaning and I realise that using this practice in the presentation of ‘findings’ echoes the process of this earlier work.

Another locus of recursive meaning making occurs naturally each year, at the end of the module, when the students and I stage a public exhibition of the work. We discuss the placing of the pieces in this space, we observe how some works have their meanings extended, contrasted or refuted by the placing of others and we use these perceptions in our configurations of art and space. Our use of montage, through the staging of the exhibition, leads us into further possibilities of meaning. The photographs below display the exhibition mounted with the students in this study:



Image 2: 'Art of nursing' exhibition 2007

In considering these valuable processes of organic recursivity within the workings of the ongoing research, I decide that I want to make these processes visible in the research account. I become aware that within the art activities undertaken with the students, there lies an arts-based way of communicating the students' meanings to a wider audience. This involves creating within the research text, a re-construction and re-enactment of the students' public exhibition of their art work and their meaning-making processes.

4.3.3. Exhibiting meanings: curating and audiencing

So how can an art exhibition be re-created and evoked through a written text?

The 'write up' of my research in the following chapters becomes a 'virtual' art exhibition in that the next two chapters of the study operate as viewing rooms where the students' work and perceptions are re-presented as exhibits. This allows for the dynamic interplay of meanings on the page. In the exhibition, work is selected and positioned remaining faithful to the processes of individual and group analysis and dialogical negotiation of meanings that occurred in the research context. This dialogical negotiation is re-enacted in chapter 5.

Every exhibition, in the selection and positioning of its material, requires a curator. The curator performs the role of overseer, data custodian, inquirer and translator.

Curator (from Latin *cura*, - care)

Definition - Curator

1. Head of museum, gallery or other collection.
2. Exhibition organiser; somebody who organizes and chooses the items in an exhibition at a museum or gallery.

Thesaurus – custodian, warden, keeper, steward, guardian

(Encarta dictionary online - accessed 23/11/09)

The purpose of a curator is to select and interpret works of art, devise exhibitions, produce catalogues, educational programmes and experiences for audiences. Thus, the curator functions as mediator between the collection and the public being served. Deeble (2001 p20) sees curatorship as ‘the professional answer to show and tell’ and refers to the narrative sensibilities required:

‘You have to have good ideas, be good at editing, and able to plot a narrative for an exhibition. You must have a good understanding of your audience, be able to tell a story and keep them entertained.’

The work of the curator has much in common with that of arts-based researcher particularly in relation to the stewardship of the ‘artefact’ and its translation and positioning for public interpretation. The curator and arts researcher both use creative inquiry and re-presentation methods to arrange and evoke the meanings of the artifacts in their care. In this exhibition I perform the role of curator; devising the exhibition, and selecting and positioning pieces. I mediate between the collection of meanings and the audience, showing and telling, introducing and contextualising the exhibits and facilitating resonance and dialogue.

Earlier in this chapter I discuss the process of audiencing whereby, according to (Rose 2001 p5) ‘particular audiences watching in specific circumstances’ participate in the re-negotiation or possible rejection of the meanings of the creative piece. This audiencing process happens among the students as they create and share their art work during the module. However, showing and telling the data through exhibition format widens the inquiring gaze and makes other forms of audiencing possible which in turn

brings about further layers of meaning making. Therefore I use the opportunity, within the exhibition format of the text, to imagine, conjure up and invite a specifically relevant small audience for a 'tour' of the exhibition. These are people; other researchers, nursing scholars, educationalists, who I believe would be interested in interacting with and discussing this collection.

Like the exhibition itself, these 'invited guests' are not physically present but are a device within the text. However the guests are a re-presentation of real people who have written about and/or experienced relevant areas of the inquiry. My interpretation and evocation of their interactions and responses in the exhibition context is based on close study of and often direct quotes from their writings/ viewpoints. The perceptions of these guests have been invited into the research text in order to interrogate and discuss the data from a range of standpoints. Here I am attempting 'a collaborative, writerly endeavour that produces troubling and incomplete texts: texts that explicitly invite ongoing conversation (Speedy 2005 p67).

4.3.4. Fictionalised techniques as collaborative writerly endeavour and invitation to ongoing conversation

In this study, the inclusion of the devices of the exhibition and the invited guests are fictionalised techniques. Fictionalised techniques in research are used to 'give the narrative imagination free rein and invent people, events and places with a view to crafting an engaging, informative and evocative story' (Sparkes 2002 p157). In using these techniques I diverge from traditional methods of presenting findings in social science research. Richardson (2003 p502) claims that 'writing up' using traditional methods of social science studies 'validates a mechanistic model of writing, shutting down the creativity and sensibilities of the individual writer/researcher.'

In the crafting of the research account I use fictional, creative writing practices to inquire into the possible meanings and interpretations of student work. For Richardson and St Pierre (2005 p967) 'writing is thinking, writing is analysis, writing is indeed a seductive and tangled method of discovery.' Creative, fictional writing allows me as a researcher more scope to interrogate positions and perspectives in the study. Richardson (2003) recommends that researchers use creative analytic

processes at all stages of the research. This involves creatively, yet purposefully experimenting with voices and positions, including imagined voices, in the research and employing different ways of evoking and representing meaning.

Although the imagination is given free rein in positioning and conjuring people and events and this exhibition is fictionalised, it contains the echoes of the exhibitions that have actually taken place. The art work and perceptions of the students are positioned and re-presented in the text exhibition in a way that attempts to remain faithful to the processes of individual and dialogical negotiation of meanings that occurs in the research context.

Furthermore, the deliberate employment of these fictionalised techniques aims for more than an evocative story. Fictionalised techniques here are used as a means of pluralistic, critical viewing and thinking within the research text and to extend beyond it, to also engage the reader/viewer in audiencing and re-configuring the exhibition of meanings. The exhibition guests anticipate and perform the function of the critical audience which is a means of inviting the viewer/reader to vicariously participate in the meaning making process:

In this genre the relation between author, text and reader is revised.....In creating meaning from these different vantage points, readers can locate themselves in fictional tales and begin to perceive, experience and understand what they have previously neglected.
Sparkes (2002 p181)

The aim of using fictionalized methods at this point in the study is to enable critical, experiential and relational evocations to resonate. Therefore the selection and positioning of the 'guests' is carefully considered in order to provide commentary, expand, interrogate and contest the data. Obviously the physical presence of these scholars is implied and some artistic license is taken with their responses. This is my interpretation, based on their scrutiny of their work/opinions of what I believe their responses would be in this context. Therefore I do not claim that these responses are direct representations of their positions except where their work is directly quoted.

In the creative inquiry presented in the following chapters, many narratives are shared. The research methods of this study aim to usher in a multiplicity of voices and

perspectives. Some contain echoes of others, some carry others forward, some undercut or submerge others as I attempt to honour, evoke and engage in the dynamic process of recursive inquiry and meaning making that occurs among these students as they re-play, re-vision, and re-symbolise their experience. In the midst of this exhibition of meanings, we (study participants, researcher, readers, audiences) are constantly communicating, revising, reconfiguring, taking lines of flight (Deleuze and Guattari 2004) in many directions.

4.4. Invitation to the exhibition

And so, we are about to enter the next phase of the dissertation which is altogether different from what has gone before. How can I prepare you for this change? Well, firstly I will be changing my position and voice to that of exhibition curator, who is selecting and hosting a variety of arts narratives (images, poems and stories) and inviting a myriad of interpretation. These interpretations will emerge from varying and sometimes contradictory standpoints: for example, invited guests will be viewing the work for the first time and students will be revisiting their own work. My own interpretations and those of other voices (drawn from relevant academic literature) will also reverberate in this exhibition space.

These voices and dialogues will be evoked and represented through play script format. Using play script format honours and re-enacts the dialogical meaning-making process occurring in the research/pedagogical activity. It also allows for dynamic and contingent discussion of each art piece as it appears and interacts with the rest of the text. I believe that this approach offers more opportunity for researcher/audience engagement and interrogation of meanings than the conventional generalised, smoothed over, distanced 'discussion' section that usually follows presentation of research findings.

Perhaps the most significant change is in your own position. So far in this study you have occupied the position of critical reader of a research account; now you are invited to become a critical viewer and listener, seeing and hearing past the page, following rhizomes and catching and making lines of flight beyond the traditional narrative text.

Chapter 5 Viewing Room 1 – The big gate and the unknown life within

STOP PRESS... STOP PRESS... STOP PRESS... STOP PRESS... STOP

The Art of Nursing – New exhibition opening shortly at the Project Arts Centre

An interesting new exhibition is set to open next week at the Project.

The Art of Nursing will showcase the creative work produced by a group of second year student nurses as they engaged in a recent arts-based module in their undergraduate studies. The creative work, which portrays the students' perceptions of their identities and work as nurses, has also been the focus of an ethnographic research study undertaken by the module co-ordinator, Briege Casey. In order to share some of the perspectives arising from the art making processes and the finished student work, Briege has undertaken the role of curator for this exhibition and together with the students/artists, will be available for exhibition tours on request.

Arts Today

Scene – Art gallery, three hours prior to the exhibition opening. A buzz of activity as the artists and curator prepare for the exhibition later that the evening. They are in the process of organising viewing room 1; however the curator appears somewhat distracted, glancing out of the window from time to time. Paula, one of the students/artists notices this:

Paula: You seem nervous, is everything OK?

Curator *(caught glancing out once again):* What? ...No ...Well, yes, I suppose I am. Our invited guests are due any minute for a preview of the exhibition and we haven't really started organising this room yet.

Paula: Don't worry, there's plenty for them to see in the other rooms. Who are they anyway? It's not like you to be in such a tizz.

Curator: They're scary people, that's who they are! Academics and renowned nursing figures. Look, here's the biographical blurb they sent me for the opening. (*Curator passes biographies to Paula who reads*):

Laurel Richardson

Laurel Richardson is an arts-based research scholar, poet and author of several seminal texts concerning writing and arts-based methods as forms of inquiry. She is interested in methodologies of knowing, including alternative writing practices and, in relation to this exhibition, wishes to learn how the nursing students use writing and other art forms as a means of inquiry and developing knowledge.

Annette Street

Annette Street is a sociologist with long-term interest in nursing. Her acclaimed text, *Inside Nursing: a Critical Ethnography of Clinical Nursing Practice* (1992), which uses a critical feminist/ ethnographic approach, is an insightful exploration of how nurses develop their identities and knowledge in healthcare contexts. Therefore, in this exhibition Annette is keen to observe how these students perceive and represent their nursing worlds and nursing identities.

Martha Kelly

Martha Kelly is a leading Irish nurse educator. She has undertaken ground breaking work in the area of nursing competency and the theory-practice gap and has worked with the National Nursing Board to develop numerous nursing guideline and policy documents. Martha describes herself as an advocate for maintaining core nursing values in a changing world. She is interested in ascertaining whether and how this arts-based work fits in with the existing nursing curriculum.

Paula: Oh no, not Martha Kelly!

Curator: Why? Do you know her?

Paula: No, I just like winding you up.

Curator: Brat! ...Hey up, they've arrived....Can you get your pieces together folks and start thinking about where you want to place them. I'll be back in a minute with our guests.

(Curator goes out and greets Laurel, Martha and Annette at the gallery entrance.)

Curator: Hello...You're very welcome to *The Art of Nursing*, our exhibition of the work that undergraduate nursing students created while undertaking a Nursing and Humanities module. The exhibition promises to be an exciting forum for contemplation and lively debate as audiences engage with the art presented here. I'm delighted to offer you the opportunity to pre-view the exhibition and I'm looking forward to hearing your impressions and comments regarding the work created by these artists, poets and writers.

Martha: Yes, I'm looking forward to this - but they're not really artists and poets are they? I mean they are nurses who have been doing some drawing and writing about nursing. Well at least I hope that what it is, or else I've come to the wrong place. *(Laughs.)*

Curator: This is an art exhibition so I will be referring to the students as artists, however at times I will also be referring to them as students, and as nurses. Indeed, as you will see, the students occupy multiple positions. This work has been produced over the past few months as a means for the students of exploring and re-presenting their evolving identities, knowledge and purpose as nurses.

Annette: That's what I'm looking forward to: seeing how these beginner nurses construct their identities and how this is apparent in their work. I want to compare contemporary constructions of Irish nursing to the nursing I observed in Australia in 1992.

Curator: Yes. I'm interested to hear your views on that. Anyway, let me introduce myself, I am Briege Casey, the curator for the exhibition and I've been involved with the pieces you see here from their inception through to their final placing in this space. I have been present with the students, as their module co-ordinator, in their creation and sharing of this work and as they engaged in discussions, explorations and sometimes heated debates. I am here to guide you through the exhibition and provide some of the context and background stories as you experience the work for yourselves.

Unfortunately we're running a little late and viewing room 1 is being curated as we speak. As curator, I'm busy discussing the artists' work with them as we decide where to place these works in this space. If you're interested, and the artists are amenable, you're welcome to be present in the room and observe this process taking place. We can begin the tour when I've finished this discussion with the artists.

Laurel: Yes, that would be interesting as long as the students don't mind. I'd love to learn more about how this work was produced and how collectively, you negotiate its meanings and re-presentations.

Curator and guests enter viewing room 1. Curator joins a group of students in the middle of the room. Some are sitting with their art pieces to hand, some pieces are on tables and some are on chairs. The curator checks with the students that they are comfortable with the presence of an audience and motions to the visitors. Guests pull up some chairs at the side of the room and sit down.

Curator (to students): Ok... so just to re-cap. In this room we have decided, from our conversations and study of your art pieces, to present some of your work that is concerned with the development of knowledge in nursing. Pieces in this room might explore what you feel constitutes knowledge in nursing, how we come to develop knowledge in nursing contexts, what kind or kinds of knowledge we have, what are these based on and what kinds of knowledge are privileged in nursing.

We are also interested in what it's like to *not* know and whether it is possible or desirable to know everything in nursing. So, in this viewing room we are concerned with the known and the unknown worlds of nursing.

As we curate this part of the exhibition together, we want to discover where and how each piece of work interacts with other pieces. We can do this through talking about the work – both the meanings that arose as you created it and the meanings that arise now as we revisit it. We will hear other people's opinions and discuss and view other people's work.

Now, as we've referred to Rachel's poem frequently during our work together, it might be useful to start off with some lines from this poem to help us to place your work in this space. Perhaps you could remind us of your poem, Rachel?

Rachel: Yes, I wrote this poem while thinking about the journey I'm making in nursing. I remembered how I felt starting off last year, worried that I didn't know anything and so fearful of making mistakes. Now as a second year, I realise I've come through a lot: some things were scary and at times I was thrown in at the deep end but now I feel I know more about what is actually involved in nursing and am better able to deal with it. *(Rachel commences reading her poem.)*

Beginner Nurse

Nervous, in the early morning
The journey's length distracts me.
I think of all I cannot do
or the least of things that scare me.
The lights on the hill
as I enter through the big gate,
I think of the unknown life which goes on within
This will be my future.
I don't trust my judgement.
Needles, pads and catheters
My friends own disbelief.
Horror stories? Misconceptions?
I'll have to wait and see.
A long days work ahead of me.
The deep end, my first stop.
The nakedness of nakedness
Is really quite a shock,
I got my hands dirty: I dealt with poke and bile.
And now I'm washing grannies
I:ko it's goin' out of style.

Image 3: Beginner nurse - Rachel

Curator: There are many striking lines and images in this poem that might help us consider how we learn to be nurses. Do we all learn in a similar way? What sort of knowledge do we gain along the way? In your artwork do you represent this learning as a smooth journey or passage, or is it sometimes confusing or troubled?

Perhaps we could start with the beginning of the journey in the lines:

As I enter through the big gate,
I think of the unknown life which goes on within

To me these lines suggest that there is a boundary to step over, a gate to pass through, to enter the world of nursing knowledge. Passing through enables access to the 'unknown life.'

Do these lines from Rachel's poem have significance for any of you in terms of the art work that you have created? Maybe you could share this with us and we can start the process of arranging your work meaningfully in this room.

Niamh: These lines remind me of something I wrote about my first day as a student mental health nurse, going from an ordinary life outside the ward and then trying to find my way in a completely different world when I got in there. I've written this in my journal but I'm happy for it to be included in the exhibition as I think it does say something about how I learned when I started off. *(Niamh takes out her journal and reads):*

Knowing

It was my first day as a student nurse, in a psychiatric hospital. I was scared and puzzled. Was this for me?

I had never been in a psychiatric hospital and never encountered a person who suffered a mental illness, but I did know that I liked to care.

I rang the bell that echoed around the ward or prison as it looked to me. This tall confident figure unlocked the door and let me in.

"You must be a student nurse," she said, "follow me."

I followed her and gazed upon everything that entered my path. The first thing I noticed was the smell. It wasn't nice and made me feel ill. Nervous, fidgeting, frightened, I didn't know if I wanted to do this for the rest of my life.

I was assigned to a registered nurse and our workday began. In I went to get a patient out of bed my face dropped. An old frail lady was stood there; naked, crying and mumbling to herself.

I stood there not know what to do. All I did was stare and take in exactly what was happening. I felt useless and sad because this beautiful lady stood there not knowing what she was doing or saying.

But then I let go of the sadness and practiced what I had been taught and that was to be a good nurse. I put a smile on my face and was determined to put a smile on hers.

I asked the staff what she enjoyed doing in her past time before she was ill. I took everything into account and we played games, sang old songs and listened to them on the radio. I did her make up and hair.

This made her feel happy and I reached my goal by putting a smile where there was a frown. There were tears of joy, not sadness. This is what I wanted to be — a good positive nurse.

Image 4: Knowing - Niamh's story

Niamh: When I read this again now I realise that I was especially drawn to the old lady because I felt a bit like her: everybody else was bustling around confident, knowing what they were doing but she was confused, frightened and powerless and I felt a bit like that too.

It's a horrible feeling not knowing what you're supposed to be doing, but as a nurse I knew that I needed to help her and that made me get over my fears and to ask the staff for more information so that I could help her. Using this knowledge helped my confidence and as she became more comfortable, I felt I had achieved something and felt more fulfilled in myself, like I too had the knowledge and skills to be a good nurse. I felt that I was moving from being an outsider to being an insider in nursing.

Curator: So, you feel you learned through this stressful situation. It seems to me from looking at your work, that gaining this knowledge can be painful. Also knowledge is not easily accessible and you have to move from the 'outside' to the 'inside,' you are 'let in' and helped by other nurses. What do you think about that?

Linda: Yes, as a student I see that quite a lot; you learn from trained nurses mostly and the ones who are designated to supervise us are called mentors so I suppose that does suggest passing on expertise and guidance. This makes me think of the learning box I made. I'll put it on this table here so that anybody coming into the exhibition can see it properly and get a chance to play with it. *(Linda places a large black box on the table.)*

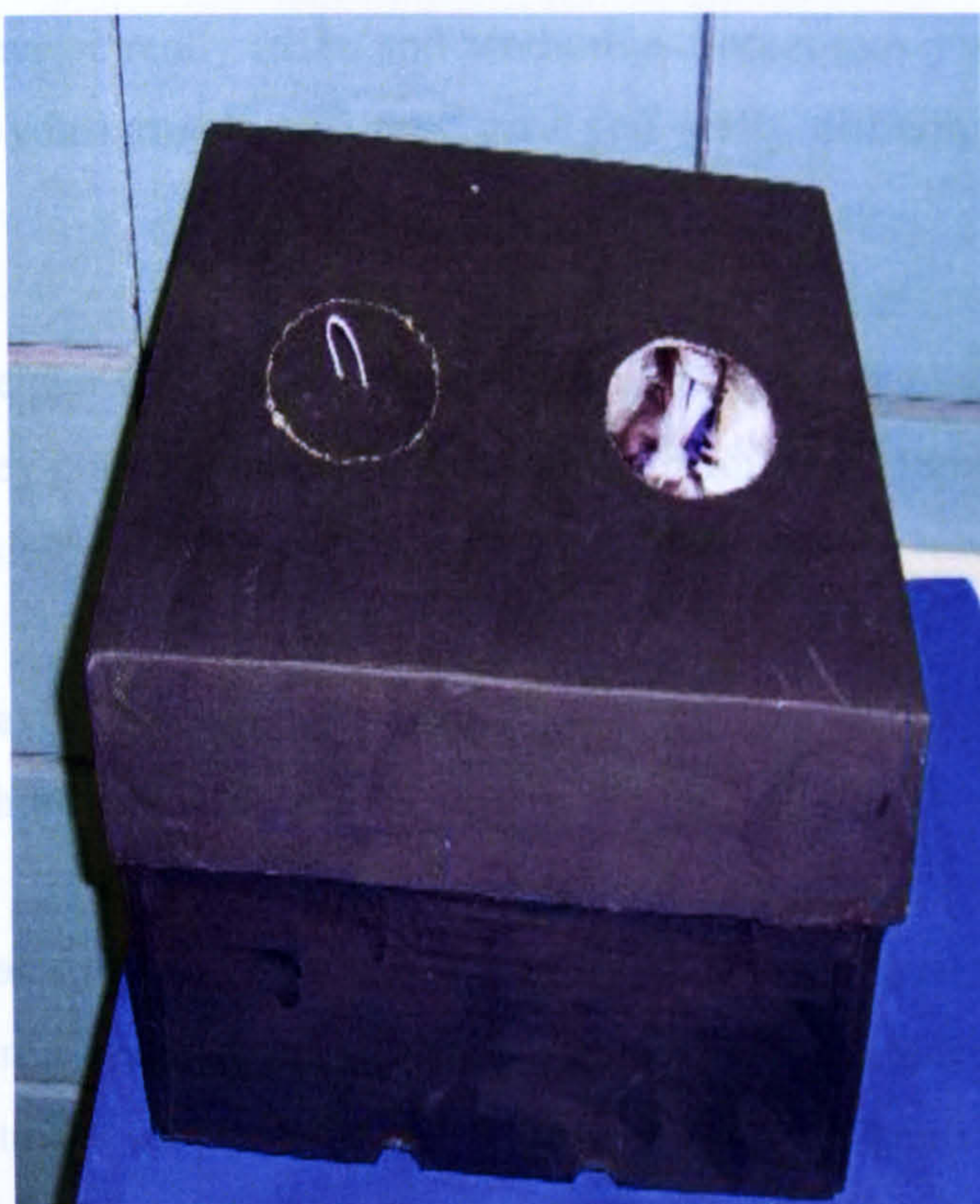


Image 5: Game of connection - Linda

This is how I feel we learn: it's like this black box which is a game of connection.

In the game, two players are blindfolded. One holds a small tennis ball: that's the staff nurse with the knowledge. Each player puts a hand into the box. Inside the box are feathers placed to stand upright and firm like a wall. There are also sharp edges and corners. The players must pass the ball or find and receive the ball without knocking over the feathers or hurting themselves on the sharp edges.

I think that we as students want to find and receive the ball of knowledge, to learn without harming fragile things and without hurting ourselves.

Ellen: I know what you mean, it can be scary. I get so worried about doing or saying the wrong thing. I mean, you don't want to damage the patients but sometimes I'm more scared of the staff. Some of them are really hard nosed aren't they? You have to learn on their terms and to their agenda.

They can be really mean and vindictive. Sometimes you think they enjoy seeing you struggle and they give you really difficult things to contend with.

Maria: Yeah, either they can't be bothered teaching or doing anything with you or else they pounce on you and ask for the medical diagnosis and treatment of every single patient in the ward and tell you you're expected to know it.

Joan: But maybe that's good for us, I mean the fear factor certainly makes me learn things off by heart.

Maria: But that's just learning facts that you're told are important. How can you learn in a ward where you're trying to keep your head down and maybe afraid to ask questions about the things you don't know? I think one of the unspoken things that I've learnt is how to keep a low profile and not be too visible when those people are around.

Linda: All the same I've had some brilliant mentors, and when you see someone like that who can be really skilled and decent to people and is interested in teaching you, well that gives me hope and I love being with them; I feel really proud to be a nurse then. I just try to be more like those ones and try to think what they would do in the situations I find myself in.

Curator: Some scholars in nursing refer to qualified nurses as gatekeepers of knowledge, passing this knowledge to the next generation of nurses like the way the ball of knowledge is passed in your game, Linda. This symbol of qualified nurse as gatekeeper is also prevalent in your artwork given the frequency of images in your art/poetry of qualified nurses opening doors to let you pass over thresholds, into wards; to allow access to knowledge.

Maria: Yes, but hang on here. I know we learn a lot of nursing skills from qualified staff but we're not totally dependent on them for all knowledge.

We gain a lot of knowledge from studying patients. In my picture it is the patient who holds the key to medical and nursing knowledge so they have the power of holding and allowing knowledge also. I don't know if my piece really fits beside what you are displaying so maybe I could put my picture here. *(Maria hangs her picture on a nearby wall).*

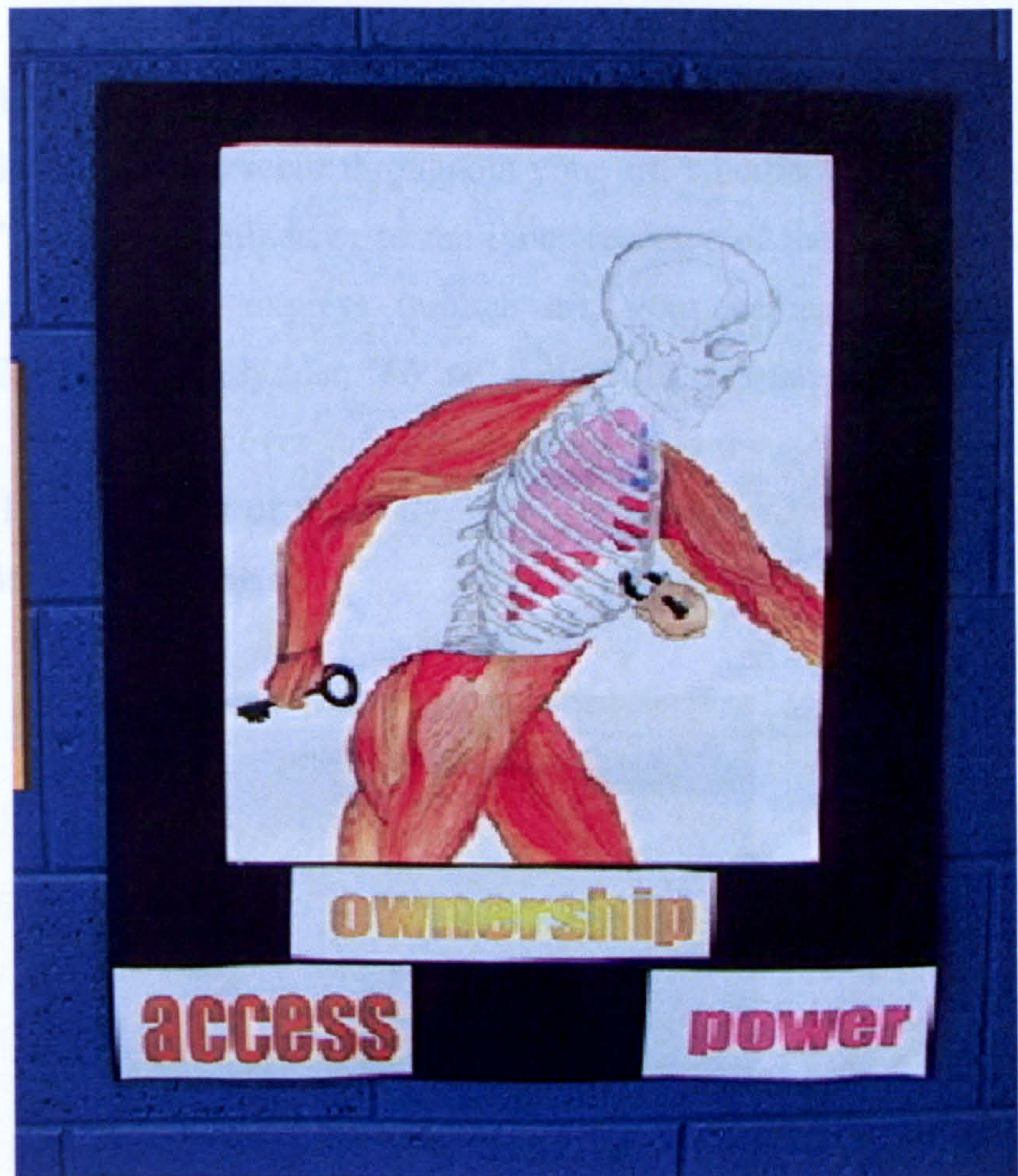


Image 6: Ownership, access, power - Maria

For me, knowledge is gained through studying people's bodies and diseases and helping them to recover. But we can only achieve that with the patient's consent.

In my picture, I painted the key and the lock to symbolise that ownership. The lock tells us that the body is not open to all: the rib cage is a protective barrier and as such is locked from intruders. I feel that sometimes health professionals think that just because the person is in hospital we should be able to access all areas as our right, like the patient can become a learning

tool or just a body that things get done to. But I believe that the key or access must be gained from the owner; the person who holds the key and who should retain the power over their own body. It is only with their consent that the nurse and other health care professionals can gain access to the body in order to gain knowledge, care for, repair or improve its function.

Curator: The notion of gaining access and allowing access to privileged and often secret places seems to recur throughout your art, whether this is access to patients' bodies and minds or to the inner recesses of the nursing world. Over and over you express through art, your perceptions that this knowledge is layered, hidden. To me, your work expresses your desire to remove layers, to uncover, unearth in order to know. Like Joanne and Ellen's layered image of the body. (*Curator points to image now placed beside Maria's painting.*)

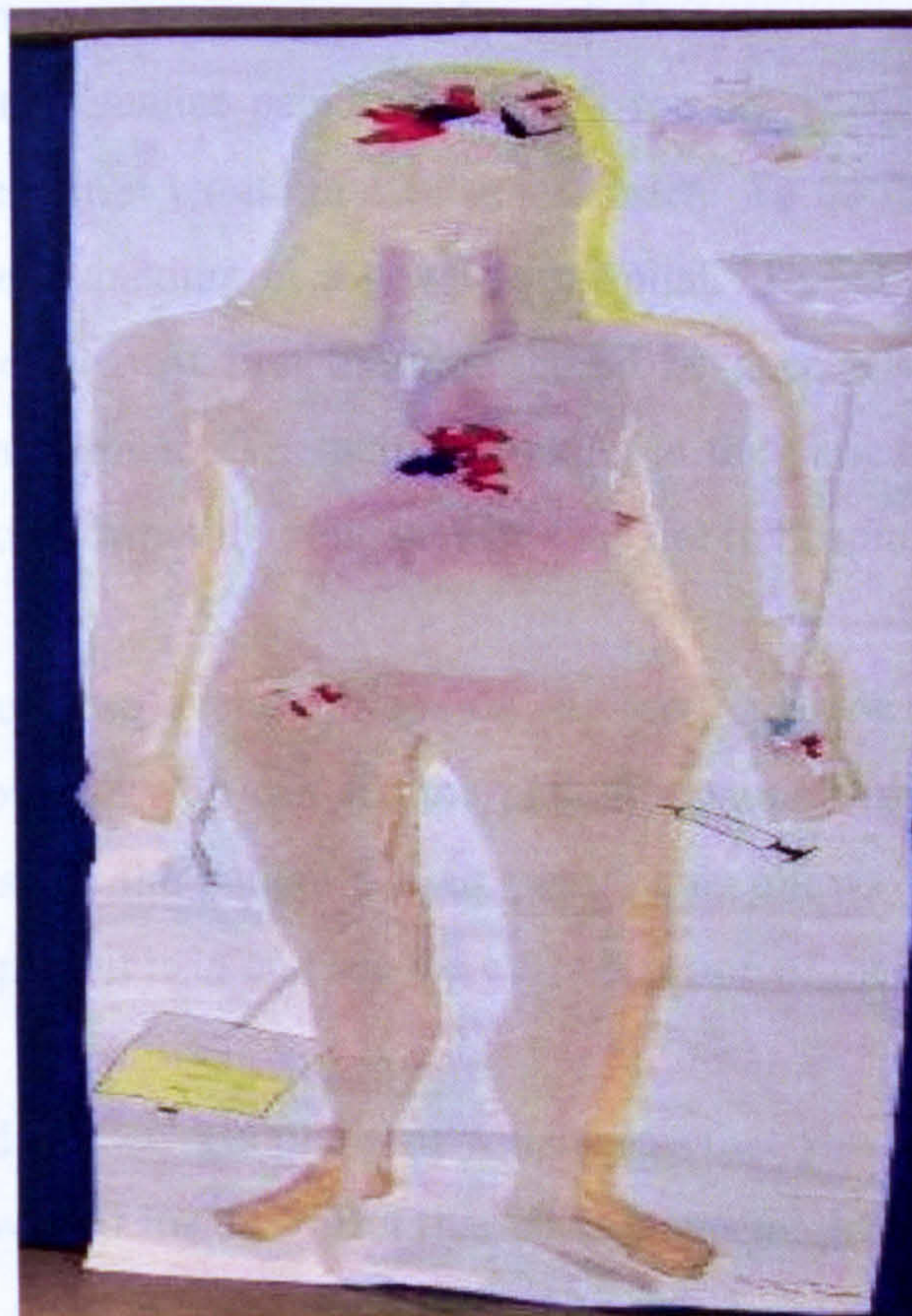


Image 7: Layered body - Joanne and Ellen

Or Frances' desire to peer through the darkness to perceive pain. (*Frances places her art piece 'Pain Vision' onto a table in front of the other two pieces.*)

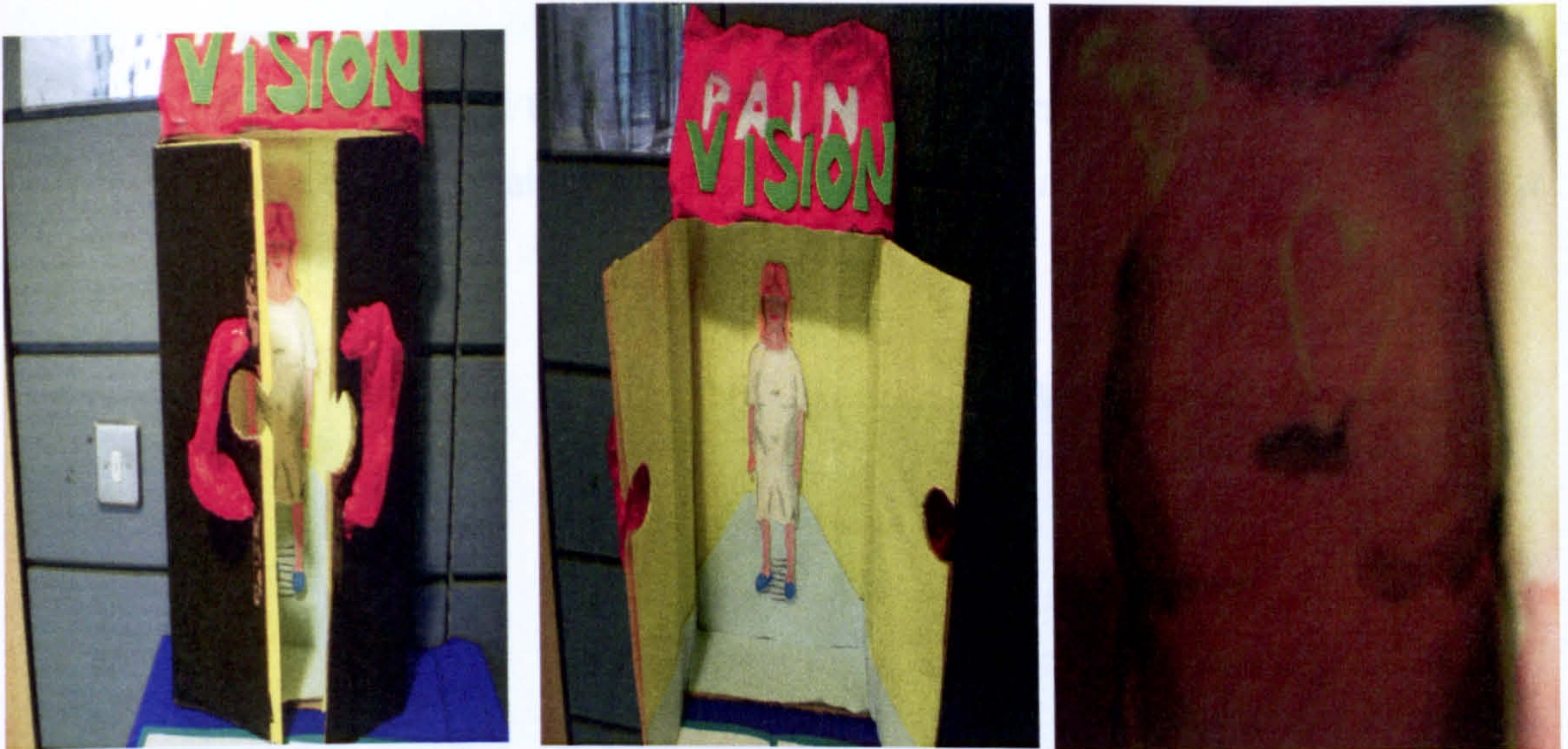


Image 8: Pain vision - Frances

Frances: Yes, I know what you mean. As a student nurse in the hospital I find it difficult to visualise pain as you can't see it. Therefore I thought if you could see pain it would make it a lot easier. To do this I painted a picture of a patient standing in a gown in hospital. I used a box that you could open or close. At first the box should be open. It looks like a normal patient in hospital. The person looking at the patient is the nurse but she doesn't know what's wrong or why they are in hospital.

Then you close over the flaps on the box and look inside the eye holes. When you look you can see the patient's pain. I used 'glow in the dark' paint to show the patient's heart pain. This allows you to see how much pain the patient is in and see the exact location of their pain.

Curator: It is hard to 'see' people. Are you saying that you want to be able to see and know their insides? But that takes a special process; you have to close the box, peep in, eyes getting used to the darkness and find your way to knowing. This is secret knowledge available only to nurse's gaze.

Do you think that admission to the world of nursing confers this power - that through the application of nursing knowledge and skills the patient 'opens up' and the nurse is able to know what is going on in people's heads and bodies?

Laura: Yes I think so; I think that through using nursing skills you get to know and see things that other people wouldn't. *(Laura places a small book on a stand nearby.)*



Through creating this book I wanted to convey how on the outside, during an interaction with a client for the first time, the person may seem normal; happy and contented and may appear to be coping in life; however, just lying below the surface they may be silently dying, burdened with emotion and the persecution that has occurred throughout the chapters of their life.

I painted a cheerful picture on the front of the book to represent the image the client portrays to the student nurse on their first encounter. It is only when a relationship is formed and trust develops that the nurse can discover hidden away the true emotions and difficulties the client is really going through.

Curator: It seems you're saying that from the outside people are 'normal' but we can never truly know what is going on; people are full of secrets. The

nurse, peeping into the box, or looking beyond the cover of the book tries to see into their heads and bodies. So here is outside and inside again.

Maureen: Maybe our piece could add to this. We think that when we use our communication skills and spend time with people they open up and you can, to a certain extent, know what is going on in their heads. In our piece we were able to access people's heads and read what is written there. *(Maureen places the art piece on a small pillar in the centre of the room.)*

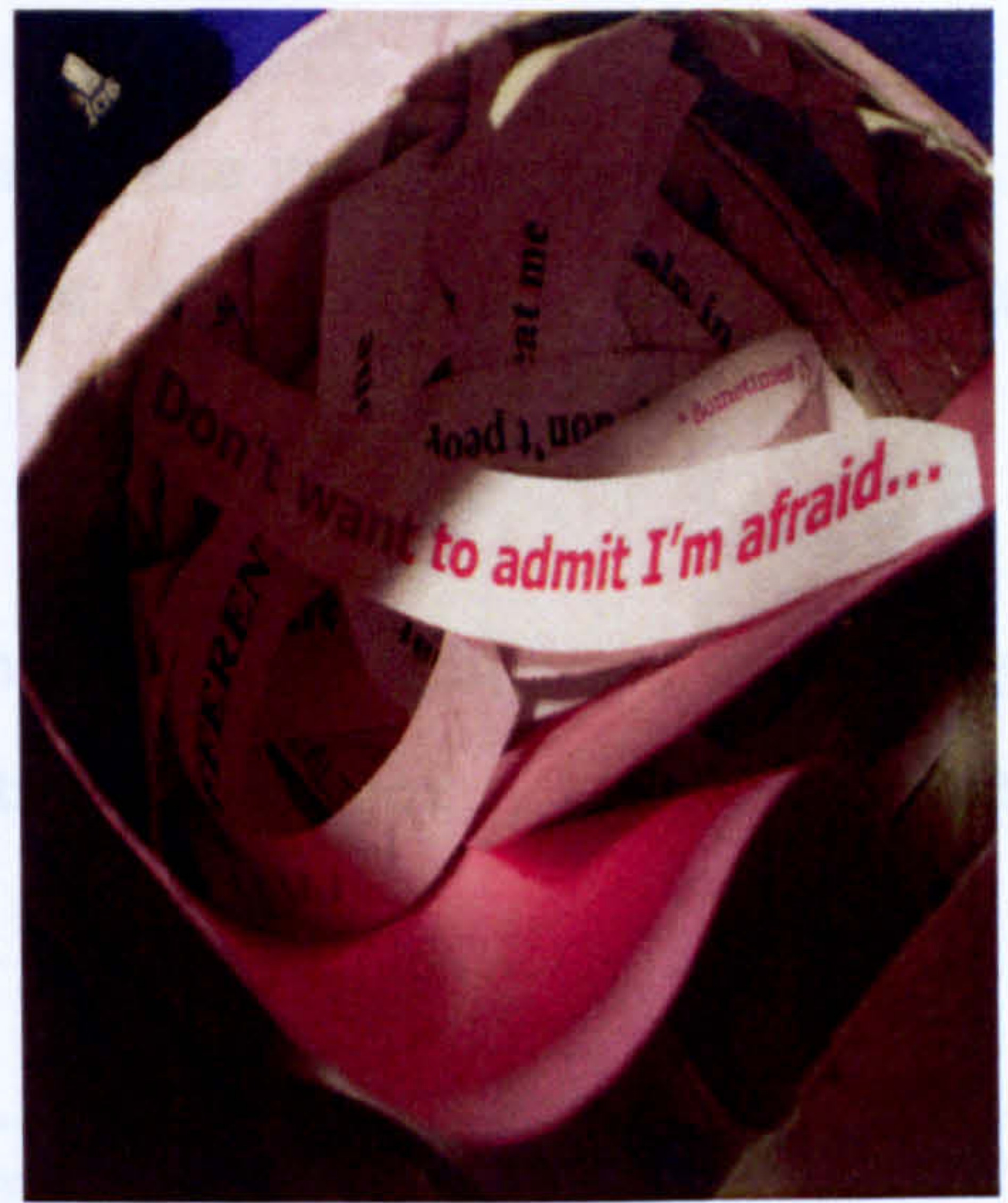


Image 10: Reaching Minds - Maureen and Aisling

We made a papier maché head to represent how the patient/client would experience different kinds of thoughts and emotions. We tried to put ourselves in these particular situations by using the skills we have learned in class.

Maria: But how can you see into people's heads? How can you know what people are truly thinking? I think that's the really hard and sometimes scary thing in nursing – not knowing what's going on in patient's heads and bodies. Knowing isn't that easy. Anyway, you put the thoughts in there in the first place.

Maureen: Yes, we were able to do that through knowing about and sometimes being patients. We were able to imagine what thoughts might go round their heads.

Maria: But you can't predict that... that's like you're constructing a patient, deciding what thoughts will go in his head and then reading them. Knowing is not that simple.

Joan: Why are they all negative thoughts?

Maria: You've already decided what he's thinking, like you've programmed him. Does that mean you know in advance for every patient? How can you know for sure?

Frances: Well, in the days of phrenology, they thought you could know everything that went on in the head from feeling its bumps. Look... Let me find the picture from my psychology textbook... Here it is:

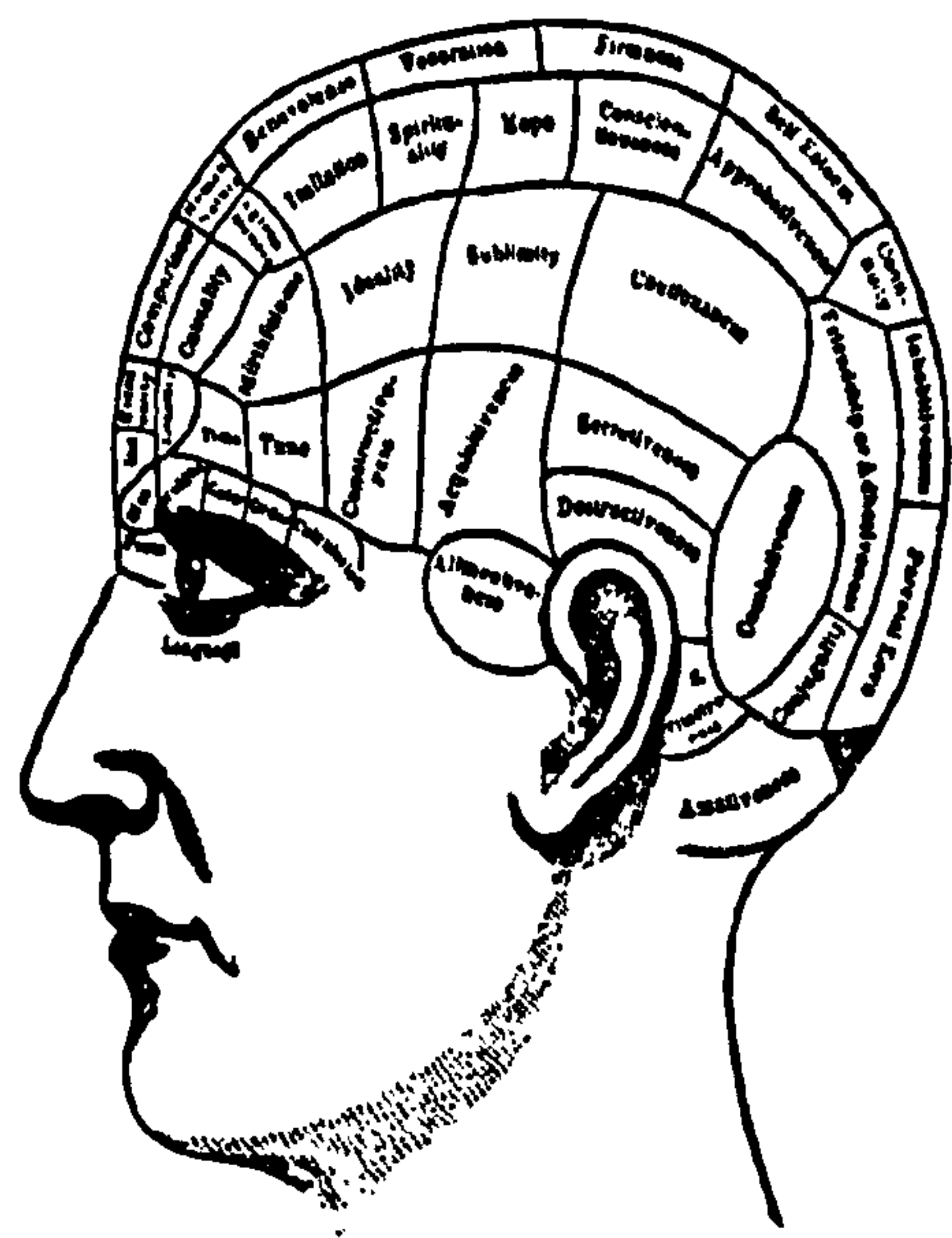


Image 11: Phrenology map - Sizer and Drayton 1890 (in Benjamin 2007)

Linda: I think there is a lot of stuff that we can never know. Sure, we can learn from textbooks and lectures about diseases and treatments and things that

are obvious, but you can never know patients totally and there is an awful lot in nursing that is kind of invisible, not written in textbooks and you nearly have to learn that by instinct almost...through working in practice and picking things up along the way.

Rachel: Yeah, I know what you mean.

(Short pause in group discussion.)

Curator: Ok, I can see that the work so far has engaged with the challenges of accessing learning and knowledge in nursing. Now you are starting to talk about how you actually learn. Can we look at how your art communicates your own processes of learning and gaining knowledge in nursing? Again lines from Rachel's poem may be a good source of stimulation in this area:

I got my hands dirty: I dealt with poke and bile,
And now I'm washing grannies
Like it's goin' out of style.

To me these lines suggest learning through doing - through being in at the deep end and immersing yourselves in the physical, practical work of nursing. This belief that this is the best way for nurses to learn derives from the traditional 'apprenticeship' model of nursing, whereby student nurses learned through getting immediately involved in practice activity and imitating qualified staff.

When nurse education courses moved out of hospital settings ten years ago, the rationale was to introduce student nurses to a wider range of knowledge and influences in the university context. The aim in your degree programme here is to focus on critical thinking, observation and reflection in/on practice.

Do you think that the apprenticeship model still operates strongly in practice and that students are expected to fit in, uncritically, and learn 'the trade' from practitioners? How do these two ways of learning fit together? Or do they fit at all?

Martin: It's funny that you should talk about being in at the deep end. I was thinking about this a bit differently when I brought my swim goggles into the humanities class.

When I'm here in the college, I have my swim goggles on and can dive underwater and see everything really clearly but when I come up again out of the water and into the world of nursing practice, the goggles are just all fogged up and I can't see properly. It's like the tools from one world don't work effectively in the other. It all seems so straightforward and possible in class but there are so many complications when you're actually dealing with people and with the issues in practice situations.

Can I hang these here beside your black box Linda? 'Cause I think it's like where the players in your game wear blindfolds when trying to pass and receive knowledge



Image 12: Swim goggles - Martin

Frances: Yeah, but as well as that, there's so much you have to learn in each world. I mean, in college you have to learn your anatomy and physiology, nursing

interventions, profession of nursing stuff, communication skills, psychology, sociology, research... And you have to be able to write in different ways - scientific style essays, reflective journals, critical reviews, multiple choice exams, research proposals. In practice there's all the physical and practical stuff; learning skills, getting to know the ways of the staff and the patients and the routine of the ward.

Curator: Do you see these worlds as separate then?

Maria: Yes, it's like moving between two different worlds. But the practice world is the most important. College is just learning - you're used to that from school even though it's harder and you're among your mates - but in practice you have to fit in.

I know we're supposed to be 'observers' in practice at the start but that just pisses the staff off – they think you're not pulling your weight or that you think you're above doing dirty work.

Curator: Do you think that's part of the socialisation process in nursing? Do you learn nursing by observing other nurses and by immersing yourselves in practice?

Joan: Yes, like that line in Rachel's poem: I think we do learn by getting our hands dirty, by dealing with real people and puke and bile. You've got to start with basic nursing care: like washing people, doing bed baths, changing people when they're incontinent, feeding them and all that. And then, when you can do that, you get to do more complicated technical skills like, blood pressures and temperatures. And then more specialised work like dressings, dealing with drips and drains, catheterising people, passing NG tubes. Eventually you might be responsible for the total nursing care for a group of patients, which would involve looking after monitors, machines and equipment, like in Intensive care or Coronary care.

So you start small and work your way up. You learn in stages: you're given more basic things first and then it gets more complex as they trust you more. At the same time you need your knowledge from college so that you understand what you're doing.

I think I should put in something here that I downloaded from the National Car Testing service website because it made me think of all the things we need to learn and to help people with. As nurses we're a bit like the NCT technician. We sort patients out when they need an overhaul. We need to know how all the different illness can affect them so we can help them to get back to full health and get on with their lives.



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Car Testing Inspection list

1.Brakes

Stress – how fast our lives are

2.Exhaust Emission

Bowels block up

3.Wheels : Tyres

Legs

4.Light

Psychology

5.Steering : Suspension

Spiritual path in life

6.Chassis : Underbody

System within body

7.Electric

Heart

8.Glass : Mirrors

Eyes

9.Transmission

Exercise, metabolism

10.Interior

Detoxification of impurities

11.Fuel

Food we put into our body

Image 13: NCT Nurse - Joan

Alison: No! No! That's not how you learn to be a good nurse! Nursing and nursing knowledge shouldn't be like that – we shouldn't get to know people in pieces like they're machines.

Being with patients has helped me to understand the meaning of being human and to focus on the entirety of the human body, yet in the wards we're encouraged to study people in bits. I'm still trying to work out how to link the scientific knowledge in nursing with knowledge about people as human beings.

I suppose my art piece is an attempt to try to reconcile these two approaches:

(Alison places a slim box on the table. The front of the box has the words 'Engine Room' written on it and a drawn image of a nurse holding a spanner. Alison opens the box to reveal a handmade jigsaw of the body with various words written around it.)

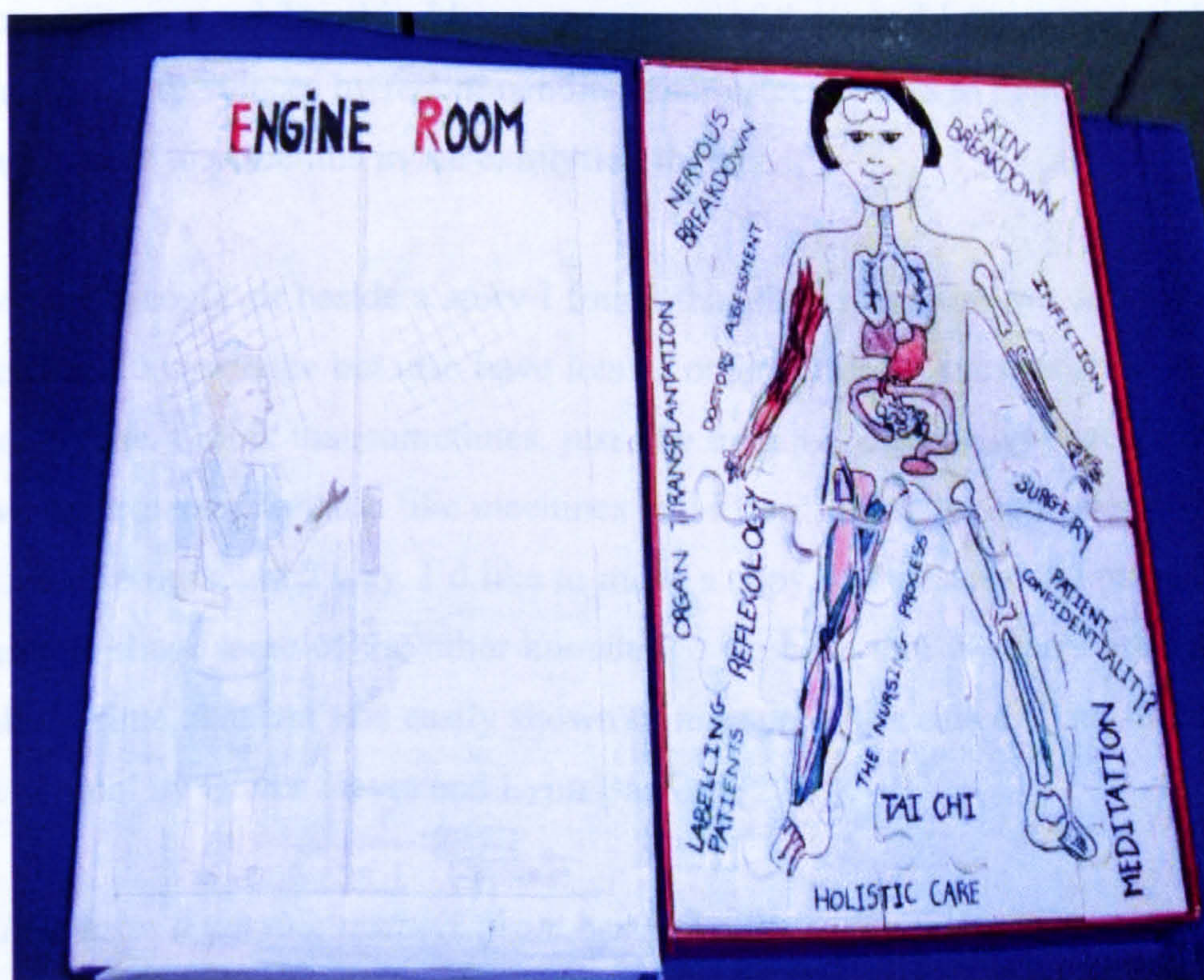


Image 14: Engine room - Alison

The door I drew with Engine Room above it is a metaphor for the Emergency Room of how patients almost become machine parts when hospitalised. The nurse entering the room has a spanner in her hand symbolising how she can break and fix patients up. And as she opens the door, inside is a patient lying on the operating table.

My idea of drawing the human body as jigsaw pieces symbolises how the body is broken up when hospitalised. This is particularly in the general setting where the environment is busier and therefore nurses are prioritising care on the clinical interventions rather than on the patients' minds.

The mind and body are major themes in my work. I have demonstrated this by writing around my drawing the ways in which the body can be put together when hospitalised. Reflexology incorporates the mind and body and is used as an alternative therapy to alleviate illness. The same applies to meditation and Tai chi. I have experience of these and I can now enrich patients' experiences by recommending their effectiveness to them. I'm not sure where to place this in the exhibition though....

Lisa: Maybe it could sit beside a story I found that shows me how we can have technical knowledge but also have lots of other different knowledge at the same time. I think that sometimes, just like treating patients like machines, we are expected to learn like machines and I don't think it happens in that kind of programmed way. I'd like to make a copy of this story and place it here to show some of the other knowledge we have that we carry around all the time, that can't be easily shown or measured. It's called 'Four in the Morning' by Oliver Slevin and Lynn Basford (2003).

(Lisa takes a nursing textbook from her bag and reads from it):

Four in the morning

It is 4a.m. the hospital is quiet. The nurse enters a single bedded-ward. In the bed is a 12-year old girl. She is fine featured and attractive; the first touch of womanhood is upon her. But she is frail and wasted, an almost skeletal form on the bed. The girl is wide awake and stares almost pleadingly at the nurse. She is pale and drawn. Most of her hair is missing, her scalp unsightly with bald patches and lifeless wisps of hair. An intravenous infusion is running. There is a sour smell of sickness, cloying and sweet in the warm room. Beside the girl a woman slumbers in an armchair; she too – the girl's mother – has a pinched and exhausted appearance. The nurse “knows” this girl and her mother. She knows the lethal condition and the almost as lethal chemotherapy the girl is enduring. She knows other things too. At this time, in this place, there is only the girl and the nurse. The physicians and pathologists, the hospital pharmacists, the administrators – all are at home in their beds, asleep. Here, now, in the hours before dawn, in the mutual gaze between nurse and girl, there is also a knowledge. The nurse “knows” pain and distress here and she recognises the unspoken fear of death here. She knows too her own feelings of compassion and fear, her urge to leave and forget about this room of pain and its desperate occupants. With all this knowledge – of disease, of treatment, of pain and nausea, of hopelessness and desperation, of the begging and deliverance contained in a gaze – the nurse moves toward the bed and into the presence of the patient. All this knowledge the nurse must bring to bear in this moment of being with the patient. There is only her; she must to what she can as knowledge and doing become one. (Slevin and Basford 2003 p168)

Image 15: Four in the morning - Slevin and Basford (2003 p168)

Linda: Yes, that's so true. Often people only think of what facts and skills we have but there are things that I know now almost by instinct and you hear staff nurses talking about it too - like knowing when someone is going off even though their obs might be fine. How do they know? It's like a sixth sense almost. It's beyond signs and symptoms in a book. Sometimes it's just in a look or a person's movement or posture.

Alison: I feel it when I'm making someone comfortable in bed, especially someone paralysed or someone who can't talk. I just feel it in my bones when they're right and not right but I couldn't explain to someone else how I know that.

Norma: But how do we know that? Is that through doing these things over and over so that your body learns it automatically? I know that some people think that nurses are trained to perform skilfully through routine and repetition of practice but I believe there is more to it than that. I think you learn through your body and your body remembers.

Curator: That sounds like what Benner (2000) calls ‘tacit knowledge,’ which is knowledge that can’t be verbally explained but the body seems to know what to do without deliberation or forethought. Benner (2000 p7) says that ‘the sensing, skilful body allows one to negotiate and flourish in the context of the inevitable human condition of ambiguity.’

This kind of knowledge was identified by the philosopher, Merleau Ponty in 1945. He claims that our perceptions of the world are integrally linked to physical sensations because we remember experiences as we felt them through our bodies and it is the memory of these experiences that is the basis for perceptual awareness. Merleau-Ponty calls this ‘embodiment’ as he believes that it is impossible to step outside of our bodies to view the world, given that our bodies are the means by which we experience and learn about the world.

You’re identifying this kind of knowledge as important in nursing as through our embodied capacities of perception we are able to notice subtle, imprecise changes in health care situations and respond instinctively. Parse (1992 p147) describes nursing practice as performance art where the nurse-artist, like a dancer, unfolds the meaning of the moment in the performance of her work.

This makes me think of the dance of the little swans from *Swan Lake*:



Image 16: Dance of the little swans - Swan Lake (Tchaikovsky 1875-1876)

Alison: Yes...To me it's like the body having a mind of its own

(Short pause in discussion.)

Curator: Ok, I can see that we've now discussed the work you've brought along and everyone has located where and how they want their work to be placed (and known) in this viewing room. While you are organising the pieces for display, our invited guests; Laurel, Annette and Martha, who have just witnessed your work and discussions, would like to explore the rest of your art in the other viewing rooms. I'll come back to you later.

(Curator leaves the group of students and rejoins the visitors to commence the tour.)

Martha: Well that was interesting. I see the theory-practice gap is still alive and well. But I suppose that's the ongoing challenge for nurse educators; helping these students to integrate practical and theoretical knowledge. At this early stage of their course they often fail to see the connections between the various subjects they are studying but then in third or fourth year, it all starts to fall into place.

Curator: Maybe... But through the work they brought to this room, the students express their views regarding the complex nature of knowledge in nursing and their experiences of the diverse ways that they achieve this knowledge. There seems to be various forms of knowledge that they value, for example knowledge about peoples' bodies and minds, knowledge about the nursing culture, nursing practice and how to survive in nursing.

Laurel: They also value the knowledge gained through their own personal lived and bodily experiences in nursing; a kind of felt knowledge that seems embodied or intuitive.

Annette: I'm interested in how their work and discussions also reflect the many ways that they learn in nursing and the challenges involved in acquiring/developing that knowledge. For example, they identify qualified staff as essential resources of learning. In the art-work these are represented as the guardians of knowledge. Obviously these dynamics of power and knowledge can make learning a difficult process. The students have to 'earn their stripes' by immersing themselves in the visceral and often menial work of nursing.

Laurel: Yes, but they say that they also gain knowledge through exploring people's bodies and minds. Some view the body/mind as an object that is knowable when certain nursing skills are employed. Yet others have a more complex awareness of a lived subjective body and are questioning these assumptions; suggesting that knowledge, even scientific, empirical knowledge, is not that visible. Something always eludes us. It is not possible to know someone completely and there are ethical and moral dangers in expecting or attempting to do so.

Curator: Yes, they speak of other more nebulous ways of learning and gaining knowledge; through their bodies, through intuition, through gut feelings. These ways of knowing and learning are harder to identify and even more difficult to articulate. As you know, I am particularly interested in these less obvious ways of learning. I want to explore whether and how

engagement with art-making processes might connect with these more subtle ways of knowing and whether/how working aesthetically might help in exploring and expressing this knowledge.

Now we've arrived at viewing room 2. Here the students, through their artwork, configure and convey their perceptions regarding nursing identity and purpose. Let's go in.

Chapter 6: Viewing room 2 - A long day's work ahead of me

(Curator, Martha, Laurel and Annette enter viewing room 2.)

Curator: In this room, the artists articulate their perceptions of nursing identity and purpose. This is a central theme in their art and an area that also evokes much debate and discussion in academic nursing literature.

Here, you will be presented with many voices through these images and texts that amplify, echo or undercut each other as we explore individual and collective identities and purpose. These are student voices, voices from nursing and other literature and perhaps I may be permitted to allow my voice to enter here; as witness, companion, curator, provocateur. This multi-vocal practice of representation allows for plurality of meanings to be made visible and audible and so, hopefully enriches the interpretive experience.

In this room you will notice that experimental and playful representational methods are used. For example, I have externalised some of our class debates around the issues raised in the work. This externalising takes the form of imaginary newspaper/media commentaries from the students/artists. These 'excerpts' are visible alongside certain pieces of work and allow you, as audience to experience that dialogue for yourselves.

Martha *(mutters)*: I'm not sure about this at all; seems a strange way to mount an exhibition or present research findings - must be more of this bloody post-modern stuff that's creeping into nursing now.

Laurel: Ah yes, 'the researchers' self-knowledge and knowledge of the topic develop through experimentation with point of view, tone texture, sequencing, metaphor and so on' (Richardson and St Pierre 2005 p936).

Curator: Here is our first voice: that of student Una.

Martha (mutters again): Imaginary newspapers, voices....gets more schizophrenic by the minute.

Ever since I was about four years old, I always wanted to be a nurse just like my Mom. Every Christmas I would ask Santa for the same thing; a nurses' uniform. I would wear it day and night.

I'd bribe my little sister into being a patient. She hated it. She'd always complain that the bandages were too tight or that she didn't want to play anymore because she was bored lying in bed.

I have great memories of cousins visiting for Christmas or Easter. I would have every single one of them in bed either covered in bandages or with thermometers in their mouths.

Even now, at the age of twenty-one, my relatives still bring it up and have a great laugh about it.

Image 17: Una's story

Curator: It appears, from observing these works, that formation of nursing identity takes place in the context of prescribed relationships and defined roles.

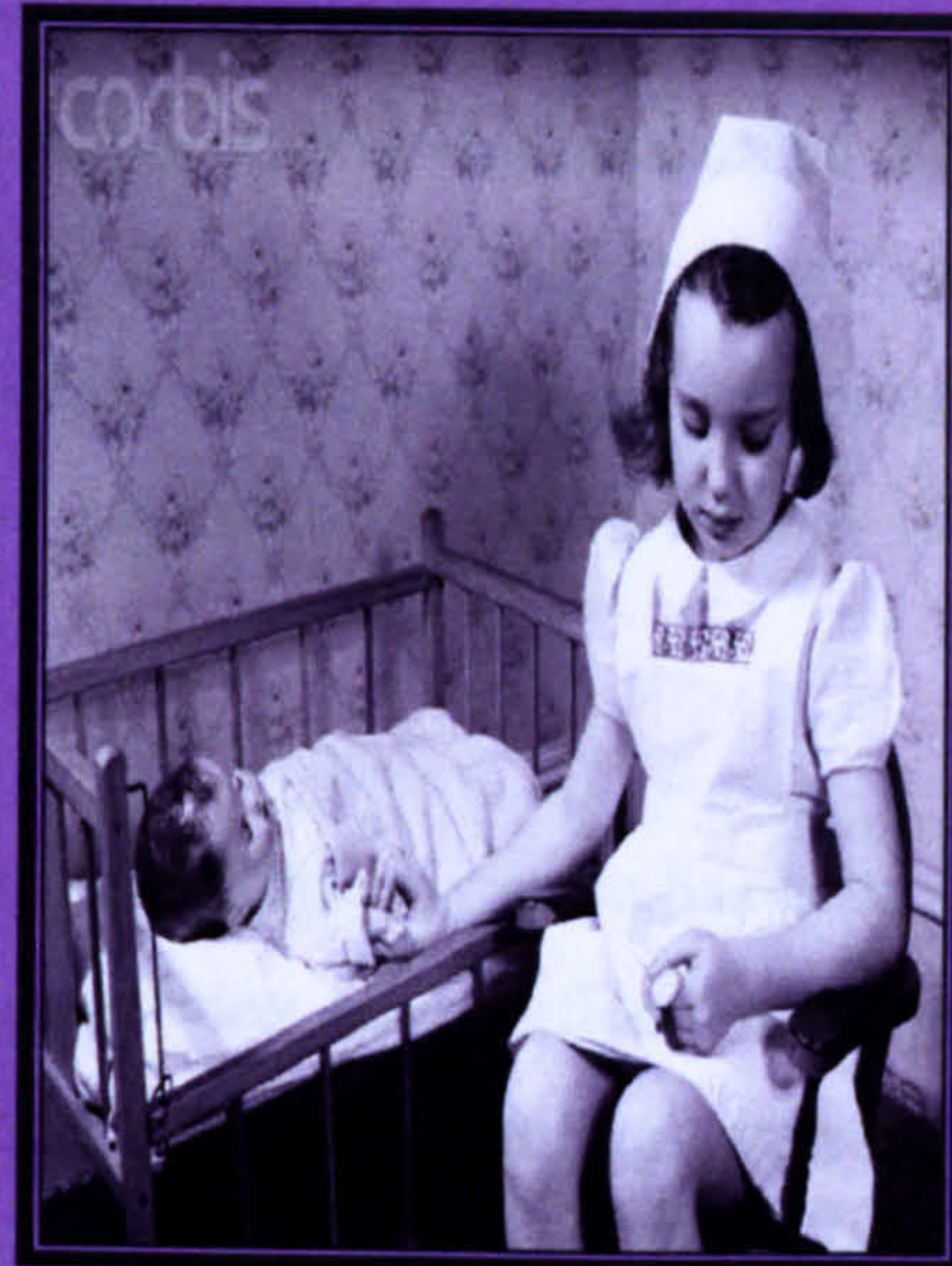
Annette: Yes, this story is interesting in its gender dynamics: the girl wants to be like her nursing mother, and Santa, the male paternalistic figure, bestows the uniform. In this way, the girl is positioned and socialised into a circumscribed and subservient role. I think of David's words here (*Annette takes out her notebook, locates a page and reads*):

I am appropriated into nursing in an attempt to reproduce community based gender-class relations in the health care setting. I am exchanged as a part of a social contract among men to institutionalize the gender dialectic and maintain the dominant class interests of patriarchy. As a woman and a nurse I am a mere being who is merely being—an object whose work loses meaning in its sacrifice to the subjective meaning of the health care regime. (David 2000 p86)

Martha: Oh come on! I know you're a critical feminist but I must say I'm getting a bit fed up with all this 'poor nurses are oppressed' stuff. Maybe in some ways we are subservient but not in others. For example, in this student's story, notice the power that the uniform permits. The child/nurse is able exercise power in 'patientising' her sister and cousins. Nurses are in charge of patients and are socially and morally sanctioned to exert their caring and curative power. Nurses are the receptacles of pain, the silent and strong ones, the watchers; monitoring and observing. Their charges are often docile and passive, grateful for the ministrations of the nurse. There is some power in that position, don't you think?

Annette: That's very Foucauldian for you, Martha. Are you turning into a post-structuralist by any chance?

Curator: I was also struck by the dynamics of power in Una's piece and so I have taken the liberty of placing here, in the form of a collage, some 'found' material that resonates with the impressions created by her story. This piece is entitled: 'Once upon a time there was a zealous nurse and a captive patient.....'



The nature of the nurse-patient relationship involves longstanding evidence of inequality which is a consequence of the need led nature of the relationship, its contractual nature and the assumption of reciprocity. (Mackintosh 2000 p324)



The soldier in white was constructed entirely of gauze, plaster and a thermometer, and the thermometer was merely an adornment left balanced in the empty dark hole in the bandages over his mouth early each morning and late each afternoon by Nurse Cramer and Nurse Duckett right up to the afternoon Nurse Cramer read the thermometer and discovered he was dead. Now that Yossarian looked back, it seemed that Nurse Cramer, rather than the talkative Texan, had murdered the soldier in white; if she had not read the thermometer and reported what she had found, the soldier in white might still be lying there alive exactly as he had been lying there all along, encased from head to toe in plaster and gauze. (Heller 1989 pp 214 -215)

Image 18: Once upon a time there was a zealous nurse and a captive patient...- Curator collage

Annette: Yes, nurses may exercise power within their own domain but at the same time they are constrained by medical hegemony and patriarchal discourses. In your collage the nurse still has to report to the doctor. Nurses are inscribed with a duty and care ethos which, although important to the purpose of nursing, has become commodified as a means of female subordination and servitude.

Tronto (1989 p184) points out that, as historically, care has been the work of slaves, servants and women, care ‘may be a reflection of a survival mechanism for women and others who are dealing with oppressive conditions, rather than a quality of intrinsic value on its own.’

Curator: That reminds me of my own shaping as a ‘carer’ through my upbringing as female in an Irish rural farming context. I include it here in the exhibition as a means of making visible my own connections with the formative experiences of these nurses/artists and also to re-evoke my attempt at resisting this subject positioning.

Martha (*aside to Laurel*): I thought this was supposed to be the students’ work; this is the second piece she’s put in herself. What’s that about?

Laurel (*whispers*): I think it’s part of the multi-vocal approach; she’s engaging in reflexivity here, considering and making visible to the audience, her own position and voice. Writing creatively as she has done here, also enables her to inquire into and experiment with plural meanings; her own and those of the students.

Martha: Well, I find it a bit distracting I have to say.... Anyway better read it I suppose.

Every Sunday there'd be a mad flurry in our house as we got ready for Mass. We all had our jobs to do; Mamma and the four girls. Shirts to be ironed (Mary the eldest), porridge to be made (Sarah 2nd Eldest), clean underwear, socks and ties to be found (Elaine, the youngest daughter of the house)

Me, as daughter number three, I had to polish the shoes; the most loathsome and offensive job. I reminded myself as I scraped mud and cow dung from six men's shoes each Sunday morning "Why can't they do their own shoes?" I waited each week; pyjama clad and enjoined to stay that way until the job was done.

Always the same answer from my mother "Because they work hard on the farm and we need to look after them."

But I knew that was not true - my mother worked much harder than my father or my brothers - Churning milk, carrying bales of hay on her back across fields to cattle in winter, working in the fields, rearing children. Who looked after her?

My younger brother smirked at me over his porridge; at thirteen already confident of the privileges of the male position

I smiled back sweetly as I placed a large lump of black polish inside his shoe

Image 19: Polishing the shoes - curator memory

Annette: I can see how you, like many other women, were conditioned for the caring role from an early age. Your story has many resonances with something I wrote in my book *Inside Nursing* in 1992. This traditional family scenario is like a microcosm of the medical/nursing world:

Family symbolism dominates the nursing literature describing the structuring of medical and nursing roles. The doctor is represented as the wise powerful father figure who not only has an exclusive access to a elite body of scientific knowledge and the practices that develop from it but whose knowledge, status and autonomy enable him to benevolently control and direct others. The nurse is represented as the wife who acts in a role that has been labelled 'handmaiden.' Her knowledge is the lowly valued practical knowledge, and her role is to carry out the tasks designated by the father/doctor. The child in this symbolic relationship is the patient who is expected to be the passive recipient of the doctor's knowledge and curative practices and of the nurses' caring practice. (Street 1992 p 49)

Curator: Our next exhibit, a poem by Aisling, offers an interesting perception of the workings of the student nurse's body as she carries out these prescribed tasks:

The Nurse's body

We all have only one body
Each part has a specific use
Made of bits and pieces
Which all work together tightly
But sometimes loose.

An Impulse, a signal triggers a reaction
All Systems go.

Arms which hold and comfort
Hands that take away pain

Nurses' ears are to listen.

No Matter what is said

Show no disdain.

Eyes that look softly

Piercing up and down the bed

Heart that's nearly broken

A Pounding in your head.

Eyes the window of the soul

and show love with a twinkle

Hands that caress

Even though the wrinkles

My back is nearly broken

Hands raw and red

Calves sore and aching

Quick! take me to the bed

Image 20: The nurse's body - Aisling

Laurel: I find this poem somewhat sad: it's as if the nurse's body has become mechanised and disembodied.

Annette: Well, to my mind, this work makes valid representation of how nurses are constructed and construct themselves in the gendered and political discourses of medical hegemony, utilitarianism and managerialism. The body is broken into parts which are then instrumentalised. Let me share with you something I wrote in (1992 p107-110) relating these concepts to nursing work and the shaping of identity. Here it is. *(Reads):*

An understanding of the objectification of the subject is basic to an understanding of the strategies of power relations as expressed in human bodies..... this disciplinary power provides a docile workforce, which not only responds to the wishes of others, but responds with speed, efficiency, and technical masteryThe bodies of nurses are trained to make beds in a regulated way that ensures efficiency and economy of movement and produces a disciplined result.....Bedmaking time is greatly reduced when two nurses co-operate but only if the body of each nurse has been trained to perform the steps in the ritual in sequence and in harmony with each other. Their whole bodies must move in particular predetermined ways, keeping in time to support the work of their handsBrian Fay (1987 p148) describes this process as 'transmitting elements of a culture to its newest members by penetrating their bodies directly, without, as it were, passing through the medium of their minds.' No wonder bedmaking is described as a mindless task!

Curator *(quietly to herself):* But what about the dance of the little swans?



Annette: What?

Curator: Oh nothing... You were saying?

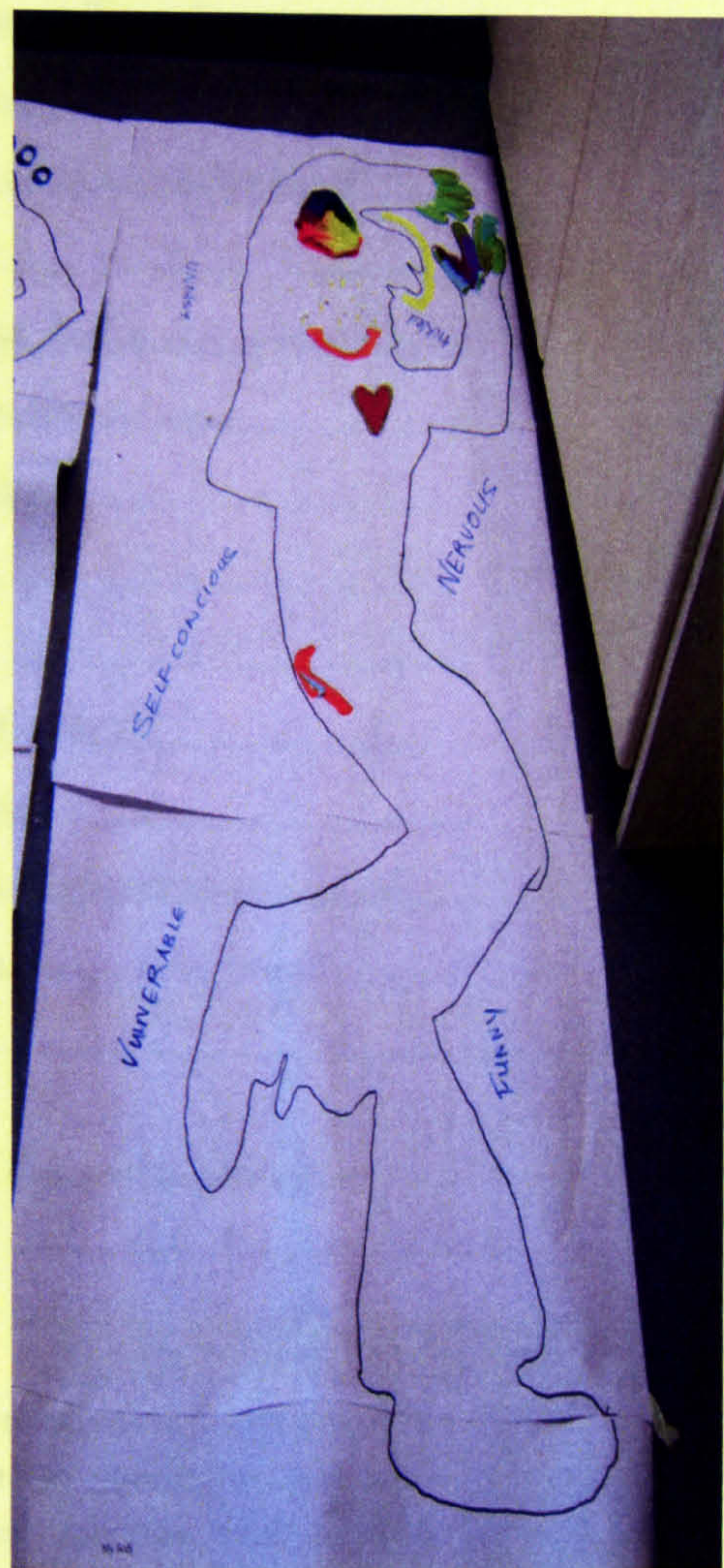
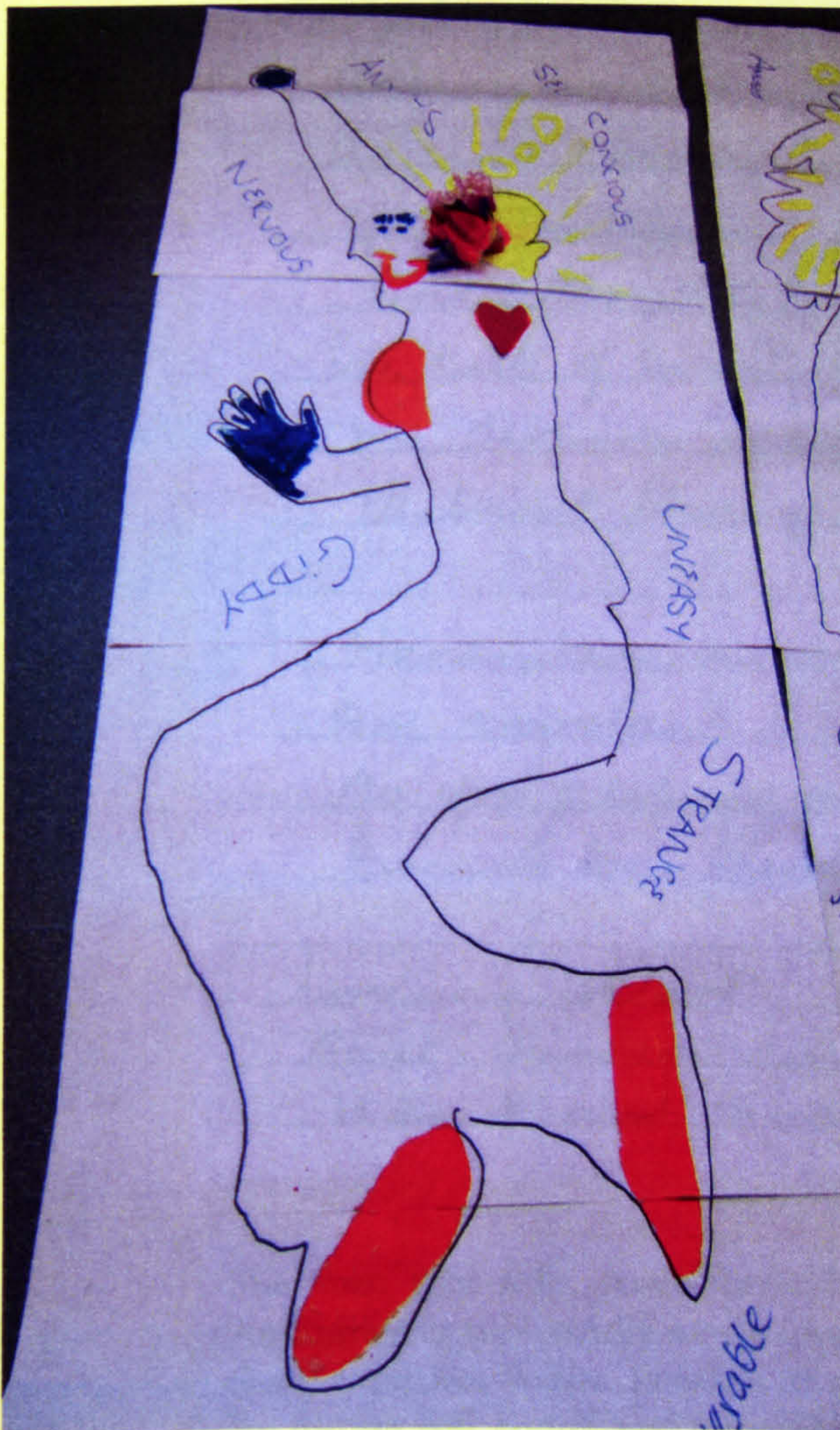
Annette: In this objectification the nurse's body disappears to become a functioning part of a system. I mean, look at these images over here where the bodily characteristics of the nurse have practically disappeared! *(She walks over to two large pictures with some accompanying text. Others follow.)*

Curator: Yes... these self portraits were constructed during a workshop on nurses' bodies. The guidelines given to the students are included as context and I also offer a poetic evocation which echoes this process and conveys my response to the finished pieces.

My Body - Workshop Activity Guide

One person lies in a preferred position on the sheet of paper. Another group member draws around the shape of the lying person's body with marker (be careful not to mark clothing). When the shape is finished, take your body image and:

- Write a few words on the paper about how you felt when the other person was drawing around your body
- fill in your body shape with whatever is important to you about your body in your identity as a nurse



Curator's poetic response to student artwork

I watch you as you lie curled up
fetal, giggling and uneasy
as your classmates trace around
your bodies.

You list your feelings, remembering
how you experienced them at
different body regions.

Anxious, self conscious round the
head.

Giddy, nervous round the breast,
Uneasy ~~and~~ strange and vulnerable
As your classmates draw around
your buttocks,

And attempt to trace between your legs.
We talk of bodily invasions
we perform every day.
Without thought.

Hands, brains and feet
Are amputant to you
As you perform your nursing work.
Breasts too. Nurturing perhaps?

Loving heart
But bodies empty between
Heart and feet

She must take risks, move fearlessly towards the unknown.
And however successfully we disappear our bodies or become
flexible, fearless bodies, heedless of what the new order might
be, we are still bodies and we go home exhausted, agonizing
about how to make ourselves strong enough or competent
enough or clever enough or healthy enough to do this job well.
(Davies et al 2005 p359)

Image 21: 'My body' workshop - students and curator

Laurel: So are you saying that in the practice of nursing, the nurse's body becomes invisible?

Annette: Yes. The nurse's body is silent in the taken-for-grantedness of nursing practice. This habitual body has been described as the absent body, a body that only becomes present when it is hurt or damaged (Edvardsson and Street 2007). In pursuing the goals of nursing instilled during socialisation, the nurses' body and personal identity is conditioned out of awareness. I mean, have you read Du Toit's (1995) study of first and third-year Australian nursing students? That study found that they conformed to a prescribed nursing identity to such a degree that this subsumed other identities such as being female or being married.

Martha: Yes, but all this post-structuralist thinking overlooks the lived and subjective body. You lot are so concerned with bodies as objects 'inscribed' by surrounding culture and disciplinary power! There are no pre-existing qualities to anything. There's no innate goodness or humanity in people - even gender is constructed.

What about Merleau Ponty's ideas regarding perception where he claims that it is through our lived bodies that we have access to the primary world? I mean, we've just heard the students talking about this tacit knowledge a short while ago. Does that mean nothing? As Merleau-Ponty (1945 p159) states: 'I am my body.' The experiences of our bodies influence how we perceive and interact with the world and construct our identities. Nurses know and practice through their bodies in intuitive pre-reflective ways. Merleau-Ponty (1945 p152) argues that sensory perception is 'pregnant with meaning and reveals an organic relationship between the person and their world.'

As I'm sure you're aware, Bourdieu (1977) develops this work through the concept of habitus, which is the structuring principles of perception that

generate practice. These schemes are embodied through repetition and enactment and are thus unconsciously internalised by the body. You scoff at nurses performing habituated skills that do not pass through the medium of their minds, calling these mindless tasks, yet in doing this you are privileging the mind above the body and not recognising that often the art of nursing is embodied and pre-reflective. As Bourdieu (1977 p94) writes:

The principles embodied in this way are placed beyond the grasp of consciousness, and hence cannot be touched by voluntary deliberate transformation, cannot even be made explicit; nothing seems more ineffable, more incommunicable, more inimitable, and therefore, more precious, than the values given body, made body.

Bourdieu allows that the social environment shapes the actions of the body, but what makes him more attractive for me than all this post-structuralism is that embodied experience also influences the shaping of identity. An active lived body has more possibility for agency than an inscribed passive object body which can only resist through the intellectual processes of deconstruction. In many ways, the lived body actively resists this normalisation you speak of.

Laurel: Yes indeed...I love what Stewart (2005 p1039) says about that:

Like an antenna, the body picks up impulses that are hard to hear, or hard to bear, in the normalizing universe of cultural codes. It stores the pulses in the neck muscle or a limb, or it follows them just to see where they are going. It dares them and registers their impacts. It wants to be part of their flow. It wants to be in touch. It wants to be touched. It hums along with them, flexing its muscles in a state of readiness.

Martha: I suppose what I'm trying to say is that nurses are not empty vessels that are filled up with whatever social influences come along, but are bound up with more complex relationships between their already gendered bodies and the world. Again I refer to Merleau Ponty:

My body is made of the same flesh as the world...and moreover...this flesh of my body is shared by the world, the world *reflects* it, encroaches upon it and it encroaches upon the world....Merleau Ponty (1945 p248, original italics)

Annette: Yes, but what was it Butler (1993 p10) said? ‘There is no reference to a pure body which is not at the same time as further formation of that body;’ thus making the point that bodies are produced through discourse, they do not have materiality that is totally apart from these discourses.

Now, I don’t know if I’d go as far as that and I think it’s important to have awareness of our embodied identities as nurses, but the notion of identity constructed through physical body experiences is, in my view, deterministic and ignores the socio-political oppressive forces at work.

And just to correct you, even though I embrace post-structuralism, I am at heart a critical ethnographer and feminist and I believe in transformative action. As I said before (Street 1992 p111): ‘In order to engage in emancipatory praxis it is crucial that the relationship between our rational will, our desires, our experience and our bodies be established and placed under the scrutiny of critical reflection.’

That does require mind work: somebody has to do the thinking around here!

Curator: Now ladies, you are revisiting the eternal debate between conceptions of the object body, as known and inscribed from the outside - the body as ‘it’, and the subject body, the body as lived and subjectively experienced - the body as ‘me.’ The students experience similar tensions in their conceptions of selves as working, competent bodies and feeling experiencing bodies and this is evident throughout their work.

Martha: Yes well, I prefer the portrayal of the nurse’s body in this poem over here. This has a much greater focus on the skilled, intuitive body of the nurse.

Curator: Ok, the pieces we have just been looking at portray the positioning and shaping of nursing identity through nursing work practices and prevailing gendered discourses. You are inviting us into another section of the room Martha, where the students are concerned with the nursing’s purpose and

the nature of caring. So, let's follow you and read Sinead's poem, entitled 'Nurse.'

Nurse

A Voice - soft yet strong
A hand, so gentle and caring,
Two eyes understanding and knowing,
A Nurse showing you that you belong.
She sits on your bed and listens to your words,
Providing reassurance and depth
Greeting you each morning with that smile,
Fixing the bed in which you slept.
She notices the small things like a crumpled pillow,
Comforts you with her strength,
Yet shows you that inside, she is a person.
All shapes and sizes, in width and length.
She clarifies the doctor's words; she knows confusion
Soothing you with those creamy hands,
Answering you whenever you call
Making the small bed space your home, your land.

Image 22: Nurse - Sinead

Annette: This reminds me of something I read in a textbook written for nurses by a couple of doctors in 1924! Let's see if I can remember it ...ah yes:

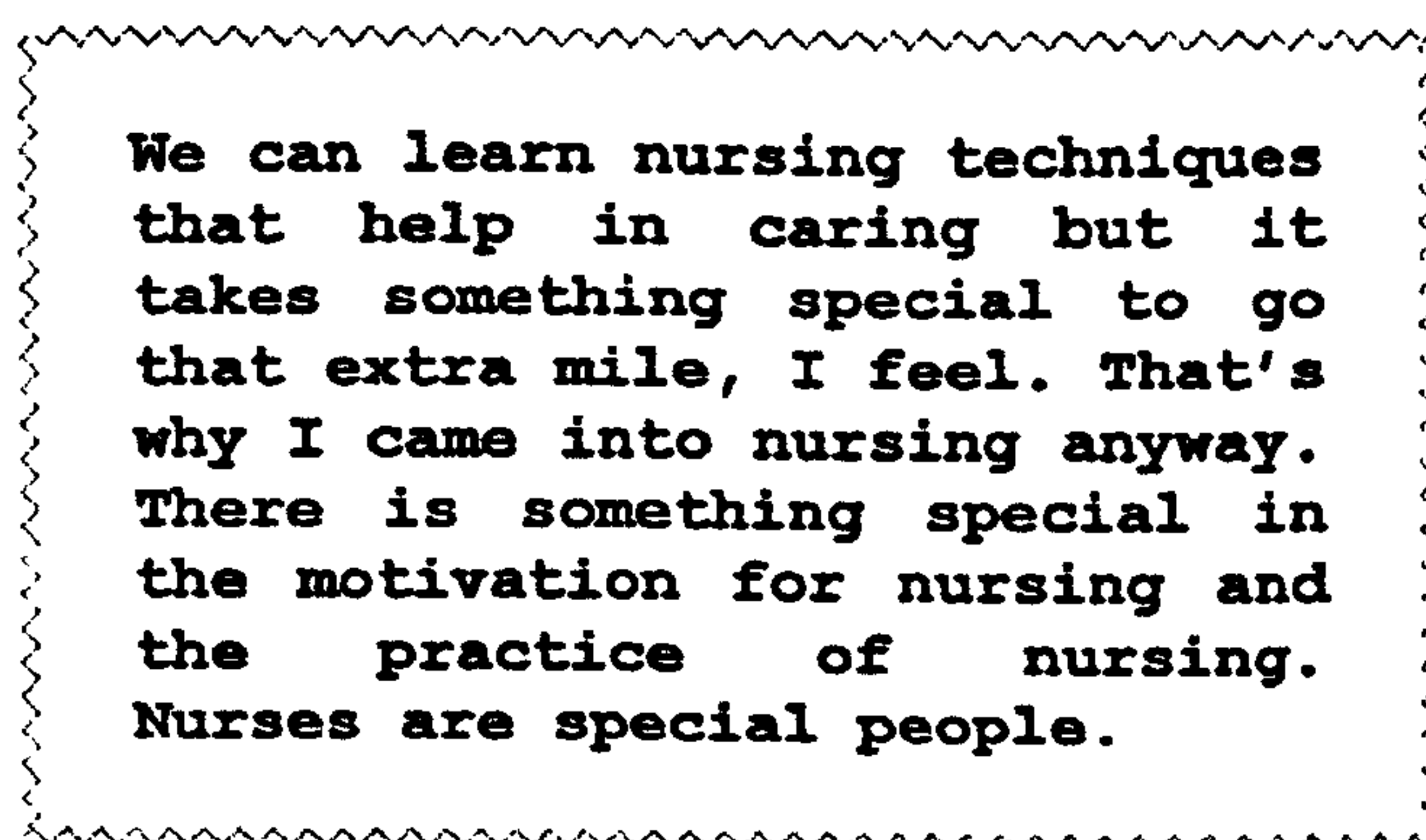
The patient must always be [the nurse's] first care ... her manner should be characterised by dignity and gentleness ... familiarity must always be avoided; but the nurse should show her patients, as she can help in many little ways, a sympathetic willingness to help them, that her work is a pleasure, and that it is done ungrudgingly. (Cuff & Pugh 1924 p4)

Obviously, this type of conditioning still prevails in nursing.

Martha: Yes, it prevails because it still has currency and relevance in today's nursing; perhaps more than ever. The caring nurse is there for the patient. She is the patients' advocate and champion. That is her function and purpose.

Curator: The ideal of the selfless, competent nurse is prevalent throughout the students' art. Here, Sinead views the nurse as soft yet strong, capable and able to clarify, to comfort and make people feel secure. Interestingly, she does not regard the nurse as oppressed: Sinead's nurse is all-seeing, all-knowing and all-caring. Here, caring is represented as a source or demonstration of nursing strength. Let's read Sinead's comments from *Arts Today* in relation to her work:

Martha: *(aside)* Ah yes, here's some of that makey-uppy stuff she was talking about earlier.



We can learn nursing techniques that help in caring but it takes something special to go that extra mile, I feel. That's why I came into nursing anyway. There is something special in the motivation for nursing and the practice of nursing. Nurses are special people.

Image 23: 'Arts Today' excerpt - Sinead

Curator: Nurses are special people. This is reminiscent of Crowe's (2000) comments on the virtuosity associated with nursing's work which is often constructed as altruistic and therefore on a higher moral plane than other more menial women's work.

Martha: Well, what's wrong with that? Not everybody is cut out to be a nurse, you know! You do have to have a vocation.

Annette: Do you? It is this glorifying of care as a particularly female trait that hoodwinks women into appropriating oppressive positions. (Puka 1990 p 65) describes it as 'a reactionary response that enthrals the subject even as it seems natural and correct, sustaining dominant and grossly asymmetrical power arrangements.' When this caring discourse becomes normalised, it is assumed to be a natural ability and inclination among women, and certainly among all nurses.

Curator: Well...I notice that the nurse in Sinead's work is female, soft and soothing, thus we are invited to consider whether these attributes are 'female' characteristics. Are women born to care or are they shaped to care? Certainly the work of Gilligan (1982) would suggest that this trait is uniquely female and something to be celebrated and asserted.

Laurel: But where does that leave male nurses and female doctors? I have had experiences of male nurses and have found them to be equally if not more caring than females. How do males construct their nursing identities in this patriarchal system and among all this privileging of female caring?

Curator: That's an interesting question. Unfortunately we only have two males participating in the exhibition; such is the gender balance of nursing, but perhaps if we move over here to Jack's work, we can appreciate his position in relation to caring impulses and behaviours.

Jack, in focusing on the practicalities of nursing, challenges the elevation of caring as a 'special' female trait and asserts that it is enough to be 'a good worker.'

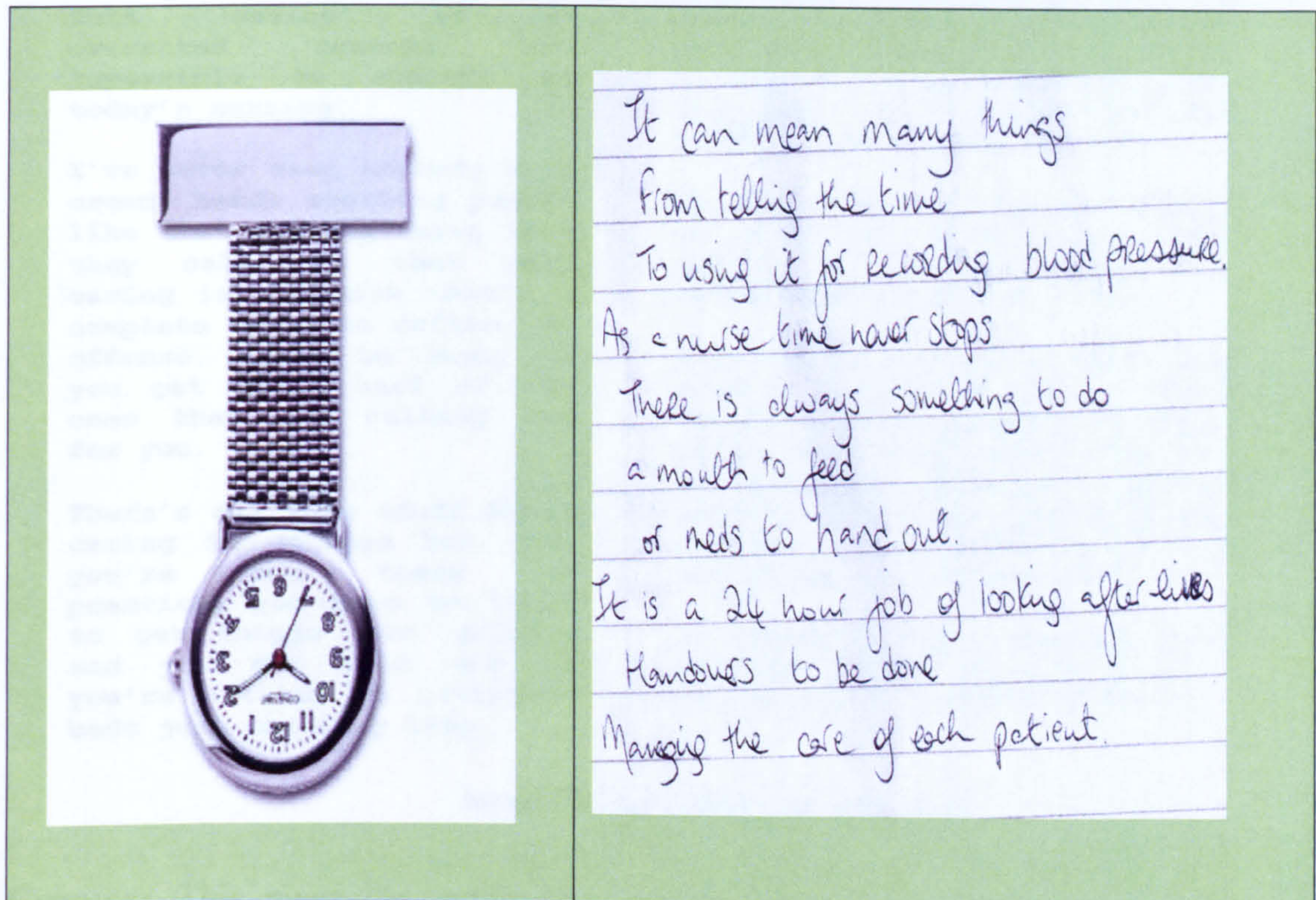


Image 24: Fob watch - Jack

In a recent interview in *Arts Today*, Jack explained his motivation for designing this piece:

"I was reading some stuff written by the poet Sinead and some other articles about caring by nursing scholars such as Watson (1988) and Benner (1994) and really, I have to say that this 'caring' is an overrated concept and impossible to achieve in today's nursing.

I've never seen anybody with creamy hands soothing people like that and answering when they call. Is that what caring is? I think that's a complete romantic notion. No offense. You'd be lucky if you get round half of the ones that are calling out for you.

There's all this stuff about caring in college but when you're out there in practice, you have to learn to get things done quickly and you get told off if you're sitting on patients' beds just chatting like.

I think caring means different things to different people; you can't be going around gushing over everybody; you'd never stick it, you'd get burnt out.

I think you can show people you care about them by doing things for them like changing their dressings, giving them a wash; you don't have to be sitting holding their hands all day.

My art tries to remind nurses of this so they don't feel guilty if they aren't this touchy-feely type of nurse.

Lots of people don't want that anyway; they've got their families and friends for that. We're not their best friends, we're here to perform a skilled service for their health needs, and yes, we do have to work to the clock to achieve that.

I wouldn't want someone just sitting holding my hand if I was having a cardiac arrest."

Image 25: 'Arts Today' excerpt - Jack

Curator: This piece has engendered heated discussion among the students. For some, Jack's 'disembodied' representation of caregiver and care recipient evokes the neo-liberalism and managerialism prevalent in contemporary health care. As a male, the charge goes, Jack is more 'hard wired' to these functional and practical aspects of nursing; thus he cannot experience or communicate the true essence of caring.

Jack rejects these "sexist" interpretations, arguing that as a male nurse, he finds the task of locating himself within an occupation largely constructed along traditional gendered relations and stereotypes is even more complex for men than for women. Jack observes that he is often categorised as either hapless 'token' male/ 'token' female, homosexual, or (as here) an opportunistic male, a failed doctor-type advancing through female ranks through a process of positive discrimination and typically 'male' attitudes and behaviour. These difficulties are also discussed in nursing literature (Paterson et al 1995).

He rejects the claims that he is caught up in managerialism, but rather argues that this ‘delusion’ of virtuous caring appeals to nurses’ egos and, when subscribed to, puts pressure on everyone to conform. He feels that, because it is impossible to maintain these ideals in contemporary nursing, many nurses struggle with feelings of guilt, yet this ‘archaic’ imperative to ‘care’ continues to be a driving force, especially by North American nursing scholars.

Laurel: This expectation of selfless caring must be difficult for students who are trying to develop their identities in the profession.

Curator: Yes, this highly idealistic view of care and the nurse’s role within it places a heavy burden of responsibility on the nurse. The artwork and contextual discussions from these students often convey an expectation that nurses should be able to assimilate the suffering of others and that the holding of this suffering somehow ennobles them.

In the work exhibited here we witness the struggle between the students own fears and vulnerability and the simultaneous demand for order and competence in their professional context. Thus in the work, there is often a sense that the nurse is expected to suppress part of herself by silencing any personal pain and suffering. This psychological act of putting emotion aside is manifested in physical form in the work of our next artist, Ellen:

.



Today I brought in a glass bottle with the lid screwed on top. Inside the bottle I had several pieces of paper on which I had written both positive and negative emotions. I had rolled each emotion up and placed each one inside the bottle.

I chose this object to represent one aspect of nursing for me. I used the glass bottle to represent myself as a student nurse and I used the pieces of paper to represent my feelings and emotions. For me the most crucial part of this piece was the lid on top of the bottle. I used the lid to trap the emotions inside.

The morning of my first day of placement my Grandad died. When I walked through the hospital doors that day I knew that I had to leave my Grandad and all the emotions that his death had conjured up behind me. I squashed them all as tightly as I could and I hid them somewhere deep inside myself. From my feelings of sadness at his death to my memories of happiness with him, I found that I had to suppress each one in order to become the person that I perceived a nurse should be. I believe that a nurse has a duty towards their patients and therefore I feel that to an extent, emotions and feelings are something a nurse cannot readily incorporate into her work.

This is just one example of this occurring. There are so many emotions and feelings a nurse goes through each day which I feel cannot be fully expressed until they are off duty. Only then can the nurse walk through the doors once again and pick up their bottle where they left it behind that morning. I believe that it is then the lid becomes unscrewed

Image 26: Thoughts in a bottle - Ellen

Annette: Ellen's work shows that she is internalising this imperative for nurses to be actively immersed in the suffering of others, yet be able to contain and suppress their own pain and feelings of overwhelm at others suffering. This is well documented in nursing literature and is inherent in the socialisation process. Smith (1991 p76) regards the essential nature of the emotional labour of nursing as 'the suppression of feeling to produce an outward appearance of calm.'

Curator: Yes, in relation to her emotions of sadness and happiness about her grandfather, Ellen shows us how she 'squashed them all as tightly as I could and I hid them somewhere deep inside myself... I had to suppress each one in order to become the person that I perceived a nurse should be.' Thus personal experiences, memories and emotions are locked away so that she can fit into her perceived role.

Laurel: And so nurses manage by suppressing their own subjective emotions and effacing self?

Martha: Oh come on! That's not making effacing yourself, that's just learning that you can't bring yourself into your work. And before you start labelling us all as suppressed, angst-ridden females, Annette, bear in mind that learning to cope with personal emotion is what all caring professionals, not just nurses, have to master in order to care effectively for other people.

Annette: So, are nurses expected to give selflessly, as these students suggest, in all situations and for everyone regardless of their own subjective needs, beliefs and emotional states? Elsewhere, I have called this 'the tyranny of niceness' (Street 1995 p 30).

What we see here is these students engaging with the conflict between personal need and professional discourse. The professional imperative is winning out and they will continue to erase their subjective selves in order to conform to a 'higher' ideal. You can see how these students are already separating the personal 'me' from the nursing 'me;' just look back at those empty bodies over there.

Curator: There seems to be different attitudes within nursing regarding this use of distancing or separating the personal and professional self and performance. Some nurses and commentators (Savage 1995; Hawkins, Howard and Oyeboode 2007) claim that this is an unhealthy defence mechanism which results in nurses becoming desensitised to their own and others suffering, eventually leading to an inability to care and burnout. Other observers, (Menzies 1970; Mackintosh 2000) argue that these distancing behaviours are actually primitive coping skills allowing nurses to establish boundaries, protect the self and continue working effectively as a nurse. Thus the development of a calm professional persona may not just be a perceived professional ideal but a mechanism that allows the nurse some detachment through switching off expression of personal emotion.

Annette: Yes, these might be short term solutions, but in the absence of any helpful processing of these emotions, or commitment to supervision provision in nursing, these distancing behaviours become the only means available for dealing with stress and ambiguity in the caring role. Withdrawal behaviours such as task allocation and defensive self-protectionism eventually become occupationally sanctioned and ritualised.

Yet this sets up further stress for these students as their personal motivations to care in a holistic way become stifled by the depersonalised and fragmented nature of care delivery in task oriented contexts. They are left with a further dilemma, whether to maintain their ideals of holistic care or conform with the actual practice they see around them

Curator: Indeed. The debate rages on as to the nature, function, costs and achievability of caring as a component of contemporary nursing. Holden (1991 p895) and others argue that the hospital is psychologically toxic in that it 'promotes anxiety, depression, envy, emotional regression, guilt and grief on a global scale.'

Laurel: But what about supervision provision and psychological support for staff?

Annette: Such initiatives are difficult to implement in a culture where the emphasis is on the practical rather than on the reflective. Supervision is a relatively new concept to nursing despite its widespread use elsewhere. Often organisations are not willing to engage with and invest in exploring/addressing occupational stress in nursing. According to Tully (2004) there continues to be a dearth of research into the experiences of stress among student nurses and strategies designed to promote student emotional well being and access to support remains woefully inadequate.

Martha: That's a very bleak picture. Admittedly the practice context can be stressful, both in relation to dealing with patients' distress and pain as well as the pressures that are on nurses, but at the same time many nurses manage to remain caring. I don't believe that we suppress the personal to the extent that you're suggesting. It is not possible or desirable to suppress every emotion.

Curator: Yes, indeed, and among these students the search for personal and existential meaning goes on. In this exhibition we can see the work of some students who use their personal experiences of pain to create art that helps them to reflect and question. Here for example, is Lisa's poem. You can read what she has to say about it:

.....
This is a poem about what the experience of caring means to me. Having lost my mother to cancer at quite a young age, I often find myself wondering how she was cared for when she was in hospital, if people took time with her and did their best or were they neglectful or disrespectful. When caring myself I often wonder if I am doing enough. Would it have been enough for my own mum?

Learning to be a nurse and about different illnesses is a strange experience for me. When I was young I didn't realise my mother was terminally ill. It is hard to come to terms with the fact that now I am a student nurse I could look after her and help her a lot more than I did when I was a child but I'll never have the chance.

I understand now what she must have gone through and things I encountered as a young girl are now starting to make sense. I feel sad that I won't ever be able to thank Mum for the years she was a wonderful mother and friend.

I have come to realise over the last few months that many of my attitudes about caring and the way I feel about the experience of nursing are inextricably linked to the loss of my mother
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### Hands

These are not your hands  
Folded, wrinkled and creased  
Old as yours never were  
Toll of time you never had  
These are not your eyes  
In pain, asking me why  
Faded in a face I do not know  
I look for yours and do not find it  
Is it wrong that I search for you?  
At every bedside, every day  
Care as I never could  
Know as I never did  
To love you retrospectively  
To make you well  
To set you free.

Image 27: Hands - Lisa



**Curator:** In her nursing work, Lisa is not distancing herself, but is rather re-engaging with memories of her mother. For her, being with patients enables her to search and reflect. Through her nursing performance she is attempting to re-enact and re-capture lost caring opportunities and experiences.

**Laurel:** Nursing work evokes strong emotions, memories and vulnerabilities among these students. I can see what Rachel means in her poem; the ‘naturalness of nakedness /is really quite a shock.’ Here, Lisa seems to be working out some of her questions about her motivations and purpose as a nurse, as well as her personal loss through the process of writing. Perhaps this is a way of keeping in touch with self, working out feelings of ambivalence and preserving humanness

**Curator:** Yes, students are cognisant of the aspects of their work and positioning that have the potential to erase the humanity of self and patient. They welcome the opportunity to explore these issues through their art-making. Here, for example, is the work of Norma, who acknowledges and tries to accommodate the tensions between perceived subjective experience and identity and the objectifying forces at work in the performance of nursing. Norma describes her work thus:



.....  
The poem and photo work "Smiling now" is divided into seven verses. The poem and photographs are arranged in a way to try and connate dialogue between a patient and a nurse.

The story the patient tells like many, is sad and disheartening. The patient expresses sadness and worry at the daily care procedures and feelings that accompany disease.

The nurse responds in a kind and understanding manner, gently taking each of the patient's heartaches to relieve and overcome them with effort and thoughtfulness.

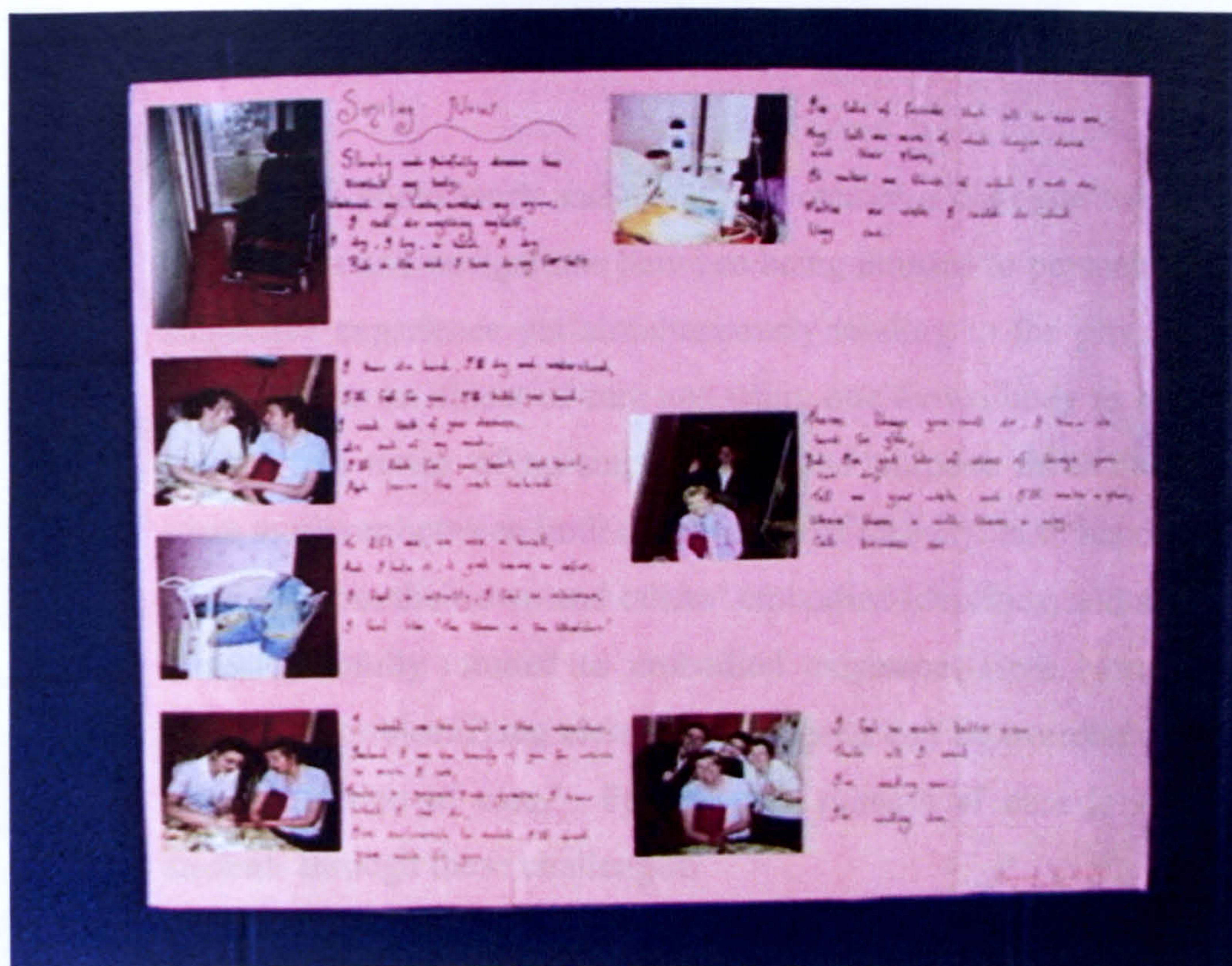
The poem concludes happily and both the patient and nurse are content.

The poem and photos aim to portray my image and views of what nursing is. I believe genuine care; respect and kindness are at the heart and central to nursing.

Experience on the wards as well as personal experience has shown me how invasive, destructive and upsetting disease and illness can be. Also how the technology and machinery used in the patient's care can take over and rob the patient of their individuality and dignity.

However, I believe a nurse's passion of care for a patient can conquer the challenges of technology and the pain of illness to improve a patient's quality of life however big or small.

~~~~~

Smiling now

Slowly and painfully disease has numbed my body,
Weakened my limbs, numbed my organs, I can't do anything myself,
I try, I try, so hard I try.
But in the end I have to cry for help.

I know it's hard, I'll try and understand,
I'll feel for you, I'll hold your hand.
I won't think of your disease, it's out of my mind
I'll look for your heart and soul and leave the rest
behind.

To lift me we use a hoist
And I hate it, it just seems so unfair
I feel so unpretty, I feel so inhuman,
I feel like "the woman in the wheelchair."

I won't see the hoist, I won't see the wheelchair,
Instead I see the beauty of you for which so much
I care.
That's a gorgeous pink jumper, I know what I can
do,
I've nail varnish to match, I'll paint your nails for
you.

I've lots of friends that call to see me,
They tell me news of what they've done and their plans.
It makes me think of what I can't do
Makes me wish I could do what they can.

The things you can't do, I know it's hard for you
But I've got lots of ideas of things you can do.
Tell me your will and I'll make a plan,
Where there's a will there's a way, can't becomes
can.

I feel so much better now. That's all I want.
I'm smiling now

I'm smiling too.

Image 28: Smiling now - Norma

Curator: In Norma's photo work and poem, she creates a dialogue that re-presents the tensions and navigations between being attuned to personal and patient subjective experience yet simultaneously tending to the physical body of the patient as an object of care and using one's own body as a tool of care delivery. In terms of nursing identity and purpose these students/artists seem to waver between both conceptions of identity: at times distanced and removed from their own and others' embodied identities, and at other times almost painfully attuned to embodied existence. Here Norma seems to suggest that objectifying elements in nursing can be overcome through the nurses 'passion of care.' Perhaps this passion of care is what sustains students through these challenges?

Annette: At this early stage of their socialisation, they are able to recognise and articulate through their artwork, some of the ambiguities and contradictions in the development of their learning and identity/ies. We need to encourage them to continue, throughout their nursing careers, to explore and interrogate these complexities because, simultaneously in their artwork, we can also see the smoothing-over and objectifying process happening, literally before our eyes. This worries me greatly. Randle (2003 p398) warns of the possible sequelae of this silencing of initial shock:

Although students experienced conflict and anxiety at the start of the course and can be described as being dissatisfied with the system they found themselves in, by the end of the course they were venting their frustrations towards those who were in a subordinate position..... Towards the end of the course all students were silent about their anxieties and failed to recognize that the ways of working that they were describing were the same as those they had initially been shocked at.

It's time to acknowledge and deconstruct these impossible positions that have overtaken nursing and that nursing has taken up. These new recruits are the future of nursing: we need to pay more attention to how they are being positioned and the effects of that positioning on their personal and professional identities and knowledge. We need to make spaces for them to question and wonder and foster and support them through the challenges of that exposure.

Curator: And on that exhortation, Annette, I'm afraid we must finish our tour of the exhibition. However, this is not the end of our discussions. I'd like to invite you into the last room in the exhibition which is our education room. Here work has been selected that in addition to communicating the students' perceptions regarding knowledge and identity development, more specifically makes visible some of the student thinking and learning that occurred through the art-making process. We hope this room will be of particular interest to educationalists and people who are interested in how arts-based approaches operate as a form of inquiry and learning. There are some comfortable chairs and drinks in here and so we can relax and discuss our views in comfort.

Chapter 7: Scratching surfaces - inquiring and experiencing through art-making processes

(Curator and guests enter a small seminar room. In the centre of the room, 4 paintings are prominently displayed. Also in the room there is a flipchart, a coffee table on which there are refreshments and some chairs. Guests secure their refreshments and sit down.)

Curator: Thanks for your interest and for sharing your responses to the exhibition artwork. Now in this room we have an opportunity to discuss the art-making undertaken with the students in more depth. If anyone has any questions or comments I'd be happy to?

Martha: Yes, although it was interesting seeing the students' work, I'd like to know how this working with art contributes to their learning as nurses and where exactly it fits into the curriculum. Does it fit into the curriculum? ... I'm still not so sure.

Curator: OK. That's a lot of questions at the same time; perhaps you could be more specific?

Martha: Well, for a start, can you tell me, through working with these students and observing their art work; whether you think engaging in arts-based methods makes any difference to their learning and what your evidence is for this?

Curator: Well, I think learning occurs through the dialogue between the art and the personal experiences of the students. As they engage with and/or create this art about nursing/health/illness, they inquire into and try to make sense of the many complex experiences involved in learning to be a nurse. Rajchman (1985 p7) refers to this as 'the endless questioning of constituted experience.'

It seems, from working with and observing them, that scrutiny of art related to these experiences helps the students to explore, dialogue and deconstruct taken-for-granted assumptions and habituated ideology about

nursing. Engagement in art-making helps them to access, formulate and convey some of their own perceptions and experiences which I believe contributes to the formation of personal, aesthetic knowledge and identity. As Davies et al (2004 p360) put it: 'We create texts inside of which we are simultaneously born.'

Martha: Yes, yes, that's all very well in abstract terms, but can you actually give us some evidence of these critical processes at work?

Curator: I'm not sure that it's possible to quantify or isolate these processes for observation since engagement with art is such a subjective and nebulous process and if we start to anatomise and label it we destroy the very processes that foster creativity. In terms of evidence, we have just witnessed all around us, in the work created and the student's explanations of what they are trying to achieve, qualitative evidence of the students critical thinking. The exhibition is evidence of critical processes at work.

However, I can see that you are interested in identifying specific processes of knowledge development that occur through arts engagement. Let me also try to answer more particularly. This room has been set up to facilitate discussions such as this so I will be referring to the student art pieces you see here, extracts from taped group discussions and a few headings on this flipchart that might make the arts-based inquiry process a little more visible.

From an examination of a range of artwork and student perspectives, it seems to me that critical inquiry and development of knowledge occurs through three main arts-inspired processes:

(Curator reveals flipchart heading 1):

Re-enactment of lived experience through the creation of artwork

You might have observed from their work in the exhibition, that many of the students use the art-making process to aesthetically encounter or re-enact experiences of caring, undertaken during nursing practice, or to explore the situations of people in care. For some students/artists ‘re-playing’ strips of experience’ (Goffman 1981 p74) through the construction of a signifying art-piece enables empathetic and cognitive inquiry and learning to take place.

This process is visible in the work of Helen, entitled ‘Beneath the Darkness; Colour, Hope and Beauty’:

(Curator stands beside Helen's painting and reads her description of her work):



Image 29: Beneath the darkness; colour hope and beauty - Helen

The piece was made by covering the paper in lots of colours. It was then covered with a black oil pastel. The pastel was then scratched off with a needle leaving the colour. The piece represents the darkness and black cloud that falls on people when they encounter mental illness.

Recovering from mental illness is a slow process and unlike a physical illness, the improvements are difficult to see on a daily basis.

The colour in the piece is in very narrow lines. It was created by scratching the surface with a needle. However although it is in narrow lines it is very powerful. The small day to day things in nursing can too be very powerful.

The colour coming through the black is a representation of the work of the mental health nurse. By supporting, listening to and being there for people, the nurse can bring out the person's true colours. Through mental health nursing hope and beauty can emerge from the darkness.

Curator: Through designing and crafting this piece, Helen engages in a process of narrative inquiry and re-presentation. She considers her own nursing practice and interrogates an area that she wants to make visible through art. Her choice of art form, symbolism, and art-making method interacts with and extends this inquiry of nursing practice.

In overlaying the colours with the black pastel, Helen literally and metaphorically causes the black cloud to overwhelm colour: thus she contemplates and articulates the story of the possible progression and effects of mental illness in a person's life. Helen retains a critical awareness that that colour is still there. Her choice of tool and method for removing the black and unearthing the colour is similarly well-considered and reflects her developing knowledge of the nature of the work of the mental health nurse. Her uncovering of the colour is wrought in painstaking narrow needle lines and the piece retains much of its blackness: this artistic act resonates with Helen's knowledge that recovery is often a slow and possibly partial process. Through her work in

excavating the colour, she realises that the emergence of even a small amount of colour through the black is very powerful.

In crafting this piece, Helen is inquiring into, contemplating and re-enacting the experience of mental pain, healing and the work of the mental health nurse. Her work is a kind of narrative performance which Peterson and Langellier (2006 p173) consider to be ‘both a making and a doing’.

Laurel: I believe that this inquiring into experience also occurs through the students’ writing processes. I was particularly struck by how Norma in her poem, ‘Smiling Now’, works out the positions and experiences of both the ‘patient’ and the care giver through the different verses of the poem. Also in Lisa’s poignant poem ‘Hands’ there is a questioning of her experience and a yearning for solace through the writing:

Is it wrong that I search for you?
At every bedside, every day.

Curator: Yes, in the last viewing room we witnessed the students’ private pain in nursing. We observed their attempts to configure these experiences through trying to work through these or to stifle and suppress them. We learned that the stress and trauma encountered in nursing is often an isolating experience for students. With few established methods of professional supervision and accepted/acceptable structures providing psychological support, nurses’ suffering, like many other nurses’ experiences, is silenced and unarticulated.

Laurel: Yet they work at making sense of, and evoking these experiences here, through their writing and artwork.

Curator: Yes, and what you’re saying, Laurel, reminds me of an earlier conversation I had with the students regarding their writing. Let me play this section from one of our group discussions:

(Curator attaches her iPod to speakers and finds the relevant segment of class discussion. The students’ voices resound in the room.)

- Lisa:** I think everyone can write a poem as a way of expressing feelings and even getting patients to do that who can't maybe verbalise it or say it out loud. Verbalising a lot of things is just kinda scary, but like writing it down....writing is something that makes it clear.
- Norma:** I think I'll probably carry around a little notebook and a little pen with me that I could even suggest it to patients, like I know what Lisa is saying, like when you're in such a state and can't verbalise it and sometimes just....you have to ...all of a sudden it's like a light; you can write a poem and it looks beautiful or sad or whatever and... em...I just hope in that same way you can let patients write theirs.
- Briege:** I'm really interested in how that happens; how can writing help us to say the unsayable?
- Lisa:** I might have had a really rotten day, my head is buzzing and I don't know what I'm thinking but then I write it down and when I read it again I say "Yeah, I understand what I'm actually going through."
- Helen:** I find it's just the act of going home and taking out a pencil and drawing a picture or writing down a small collection of words and just getting things out and down on a page in front of you so that you maybe come to a better understanding of yourself and why YOU care and what it is about you that makes you want to care.
- Lisa:** I'm suddenly starting to go through questions like "Do I make a difference to people" I think I do, but you never know....
- Sinead:** Writing makes you work things out. It makes you think of the good things.

(Curator pauses iPod.)

Laurel: I was involved in a serious car accident some years ago and what the students are saying about using writing to work things out reminds me of my experiences of writing then when I literally could not find verbal language to express myself. I wrote about this experience afterwards:

Although I could not bring into speech what was happening in my head, I found that I could write about it..... In writing, the pace and the issues were my own, not the maddening questioning of others..... Writing became my principal tool through which I learned about my self and the world. ...Writing was and is *how* I come to know.
(Richardson 2001 p33)

Martha: Your injury must have affected your speech centre (Broca's or Wernicke's area) in the brain. But you seem to have recovered well: you're certainly well able to talk now.

Curator: At times, this inquiry through art-making also explores potential experiences that the student may not have encountered herself but wants to get a feel for. Here, Paula explains how she used artistic methods to enact and inquire into an imagined experience, exploring this from an embodied perspective:
(Curator stands beside Paula’s work.)

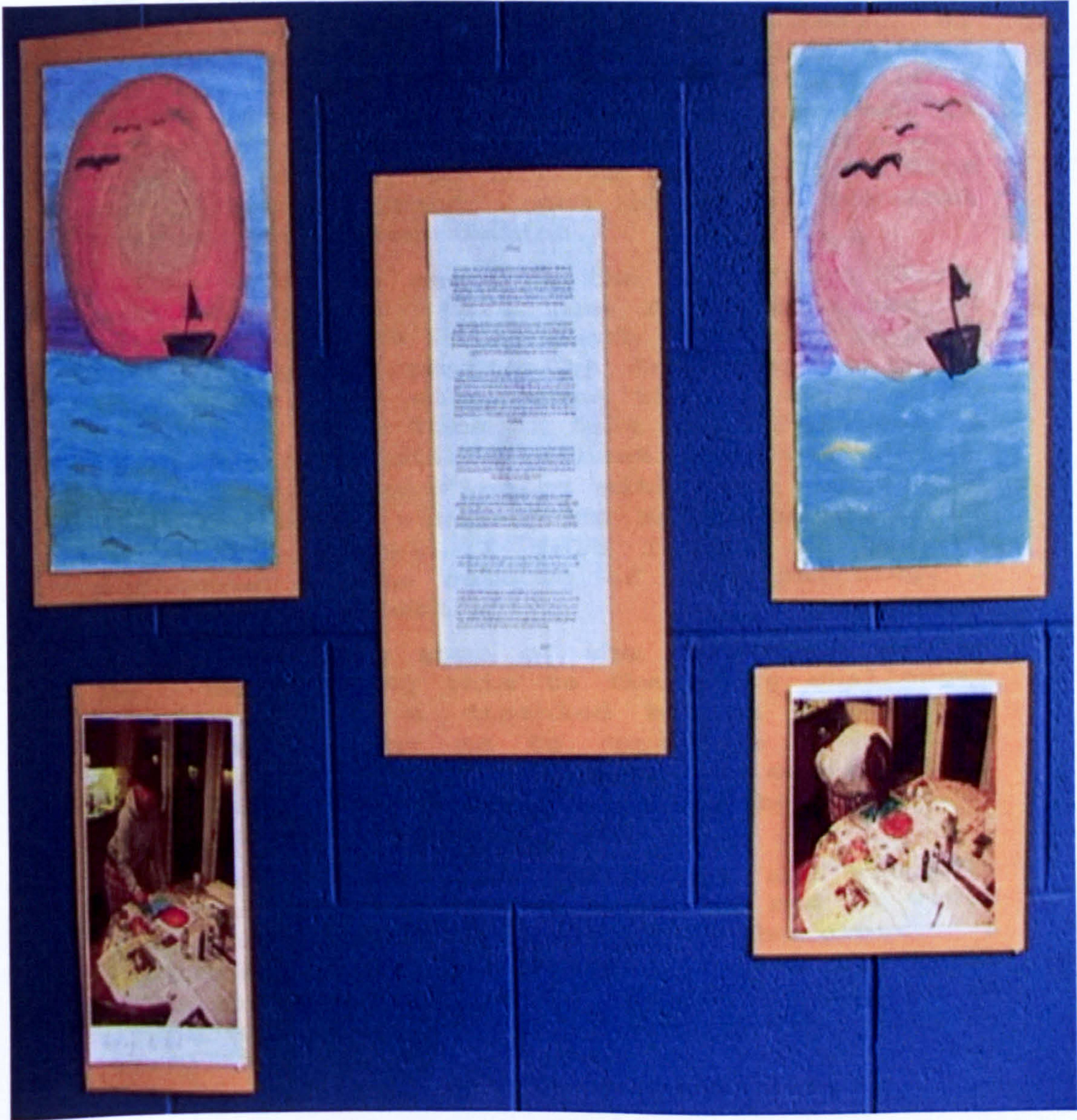


Image 30: Seascapes - Paula

Curator: Here, Paula explores abstracts and documents her embodied experiences in a dark/blue/purple translucent state (i.e. painting free hand). She then
Curator Here are Paula’s comments regarding her work: (Reads):
...and expression is mouth painting.

It is evident that the 2 paintings shown are both visually different. The first art piece was painted by free hand, whilst the second was painted without the use of my hands. My primary goal in designing these creative pieces was to experience the obstacles and challenges facing a disabled person and to explore the degree of difficulty they would experience in drawing a painting in comparison to an able-bodied person.

I began painting the first art piece with the use of my hands. I found that I had great flexibility with the brushstrokes, my contrasting colours were easy to blend and I had the choice of standing or sitting if I became tired. Generally I had a great deal of influence on the finished outlook of the piece. I was also able to achieve proper definition and I had a great input of time, physical movement and concentration.

I then tried to recreate the same image I had painted. However, this time I was confined to holding the brush in my mouth. I found it more challenging and physically demanding to paint this piece, and after some time I experienced pain in my lower back. I felt quite helpless in painting this piece without the use of my hands. I had difficulty with true expression with the brush strokes due to restrictions of my mouth. Overall I felt I had no general influence on the outcome of this painting. I was lacking control.

These were only some of the challenges facing me. On applying this to the daily challenges of living for a disabled bodied person, it seems easier for me to empathise with their obstacles of living. I felt various emotions throughout this piece including helplessness, restriction and awkwardness.

At first glance these paintings are visually different in quality and standard and it would seem that one is 'superior' to the other. I feel these pieces are metaphorical to the truth that society sees people with disabilities as 'inferior.' Although these pieces may be visually different in contrast, definition and colour, they both portray the same image"

Curator: Here, Paula accesses, observes and documents her embodied experiences in a usual/habituated 'normal' body state i.e. painting free hand. She then investigates potential disabled experience by restricting her body movements and expression i.e. mouth painting.

Annette: This process could be seen as a deconstruction of habituated ways of being through a study of physical embodiment that allows new possibilities to emerge.

Curator: Yes, I think so too. Adier (2002 p35) claims that ‘stumbling into language that comes directly from embodiment encourages change from old ways of speaking.’ As we have seen, nurses learn to medicalise and objectify the bodies of patients and ignore and erase their own bodily responses and needs. Encouraging students to notice their bodies helps to bring the body back in to nursing, I feel. Considering Paula’s work here, the words of Raingruber and Kent (2003 p466) come to mind:

When clinicians listen to the piercing wisdom and the immediate knowledge of their body, they are more likely to make time to reflect and to develop an understanding of their experiences in personal, professional, and human terms.

Annette: You know, I did some work in this area encouraging beginner nurses to attend to their senses and embodied responses. In my work with Edvardsson (Edvardsson and Street 2007 p30) exploring nurses’ experiences of embodiment, a nurse’s body became ‘no longer a silenced or absent body, instead it became an object of inquiry that led to new questions and new levels of observations.’

Martha: But all of this is nothing new. This type of experiential exercise is often employed in nursing education programmes where students are confined to wheelchairs, or are spoon fed, or blindfolded as a means of developing empathy. We’ve been doing this stuff for years.

Curator: That’s true. However, in addition to encouraging empathy for other people’s suffering, this activity enables students to connect with their own embodied experience and knowledge. The art dimension facilitates observation and articulation of this embodiment. Here, Paula also learns about the capability and limitations of her own body and sees these variances powerfully conveyed in the art pieces produced through able and

restricted means. Through the art process she becomes aware of the effects of disability on the scope and control of self expression: 'I had difficulty with true expression,' she realises.

Through undertaking this artwork, Paula becomes aware that disability does not just affect ability to perform physical tasks but also the person's sense of mastery and self control. Through this process she also recognises the creation of art as an important medium for self expression and personal agency.

Laurel: Are you saying that art might provide a way of articulating embodied experience?

Curator: Yes. I believe that both the art-making process and the work itself offer these students interesting ways of getting in touch with their bodies. Remember the bodies' workshop piece in Viewing Room 3 where they had to draw around each others bodies and 'fill in' their bodies? Considering how the body is re-presented in their own and others work also facilitates inquiry and dialogue regarding personal and societal constructions of bodies and identity.

Anyway, back to Paula's work. Which painting do you prefer?

Paula's comparison of the aesthetic qualities of both paintings provokes a great deal of discussion among the other students/artists. Much debate occurs as to which painting is 'superior', many preferring the more impressionistic feel of the mouth painting. This has led us to further contemplation as to how we evaluate both art and people and encourages us to question some of our taken-for-granted beliefs founded on binary oppositions, for example; good/bad, normal/abnormal, illness/health. Viewing Paula's art also enables us to deconstruct some of these habituated ways of thinking and facilitates opportunities for other perceptions and ways of knowing to emerge.

A second way that these students seem to use art as a means of inquiry is when, through art-making and discussion, they ‘try out’ and question their beliefs and positions in and about nursing. I see this as (*Curator reveals flipchart heading 2.*):

Contemplation/ representation of health care issues and ways of knowing/ being through art-making

For example, in the piece ‘Ownership, Access, Power’ in viewing room 1, we witnessed Maria considering the relationships between these three components in the development of nursing knowledge. This type of work is more philosophical and at times aspirational, as can be seen in Joanne’s ‘Candle of Hope:’

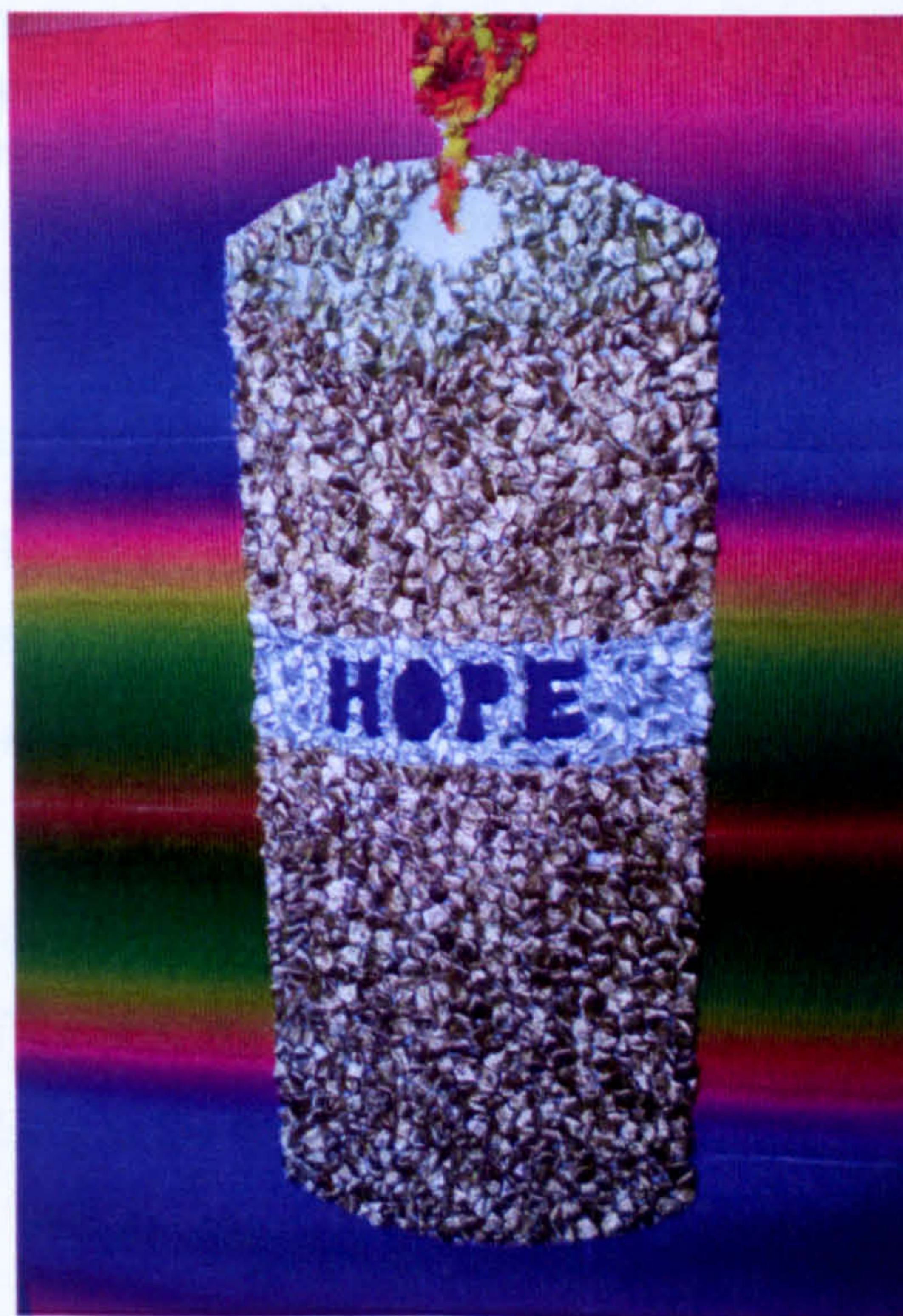


Image 31: The candle of hope - Joanne

.....
I have chosen to create a candle of hope to portray the meaning beauty and hope within nursing.

Here within my presentation you may just see a candle with an array of colours that I just put down on paper, but this candle means a lot more to me. The candle itself is hope. Hope is one of the most important therapeutic factors in nursing, not only for the nurse but also for the patient/client. A nurse should be able to encourage hope in a patient/client, we need to display the beauty and meaning of hope to patients/clients and encourage them to feel hope to enhance a more peaceful and better recovery within their illness.

When I was creating the wick and the flame I was thinking about how one's life can end with a simple single blow, how their life is so precious to them and especially their loved ones and this can be just extinguished so quickly. Patients/clients can have a bright influence on you as a nurse to keep on going no matter how tough life gets.

When looking at this candle as a student nurse, it can tell me or encourage me to keep going and try not to run the risk of 'burnout.' I need to keep this candle burning to prevent burnout within my future career as a mental health nurse. If I ever feel this way, I will endeavour to reflect back to this candle to remind myself of the reason I made it in the first place.

.....
As she crafts her candle, Joanne thinks carefully about the concept and nature of hope in therapeutic work, in the lives of people in her care and also in her own professional life as a nurse. Each element of the pieces is symbolic of an underlying contemplative process.

Martha: I can imagine that this piece took a long time to do. It's so intricate: the candle itself is made from hundreds of small folded up pieces of foil. Where did she get the time to do that?

Curator: That's an interesting observation. Students seem to value this kind of slow time as affording them the opportunity and permission to slow down and engage in thinking as they work. Nursing is focused on quick fix and

product rather than process. I must confess that initially I too was more focused on the effects and aesthetics of the 'finished art product' and regarded some of the student work as somewhat obvious and even trite. However I soon realised that the power of these pieces lies not particularly in the aesthetics of the finished art piece but in the contemplative meaning-making process that occurred in its creation.

Annette: I have come to greatly value thinking and deplore its social neglect. Thinking requires time and commitment; it demands a capacity to live with tensions, contradictions, ambiguities and not to foreclose on irregularities and loose ends. Thinking is neither fashionable nor visible. Its products are not always evident except in the lives of the thinker and those who have been touched by thoughtful nurses and thoughtful scholarship. (Street 1997 p79)

Martha: Well yes, I know what you mean but in today's nursing all this slowing down and contemplating is a luxury. We are rushed off our feet. We often don't have time to think. We have to react.

Annette: And where does that get nursing except to just continue on the treadmill of reacting unthinkingly to the strongest stimulus and becoming exhausted and burnt out, as Norma describes here. In contemporary nursing, even more than before, we can't afford not to think:

Nurses need to be encouraged and assisted to take time to think deeply about nursing. We are all under pressure; pressure that seduces us to respond and react, rather than to think and act. Yet when thinking is valued and fostered, action can be effective and efficient. But how to argue for the place of thinking and thoughtfulness when the academy, the government, health agencies and the community want immediate outcomes? This is a real and practical problem for me. (Street 1997 p79)

Curator: Arts-based work fosters this kind of contemplation and this brings us to the third way that these students seem to develop knowledge through arts-based processes:

(Curator reveals flipchart heading 3):

Interrogating and responding to created art

This involves consideration of art in the public domain as well as self/group created art and involves both individual interpretation and group dialogical/ negotiated meaning making. You witnessed this inquiry process in many of the student responses to others work as we curated viewing room 1. Here, however is a more detailed analysis of created art which takes this inquiry further. In this activity, a group of students respond evocatively to an image presented to them by co-creating a group poem. This approach is known as ekphrasis which, according to Hollander (1995 p4), involves ‘addressing the image, making it speak, speaking of it interpretively, meditating upon the moment of viewing it.’

The painting is by Robert Pope, created while he was living with Hodgkin’s disease and the poem is from students Frances, Lisa and Alison
(Curator now moves to the last painting and reads out the poem):



Here I lie in this bed,
 The same old pillow beneath my head.
 The doctor approaches,
 My body quivers,
 I detest this needle that she delivers
 Her face masked
 Intentions certain.
 My face bare,
 Body broken.
 Her lips are covered.
 Questions I cannot ask.
 She ignores this person
 And continues with her task.
 The telly buzzing,
 The room so dark.
 My situation so very stark
 Once I was like this woman before me
 So young, so vibrant, so alive,
 But now near death I dive.
 We both women
 We both ~~like~~ live
 So very different
 The image we give.

Image 32: Chemotherapy - Robert Pope (reproduced with permission from the Robert Pope Foundation). Poetic response of Frances, Lisa and Alison

Annette: I notice that even though this art was created by a man and the figures in the painting are gender ambiguous, the female students interpret the figures as female.

Laurel: Yes, and like Paula's focus on embodied experience in her 'Seascapes' work, these students also inquire into embodied experience. In the image and poem I see three juxtaposed images of women's bodies: the woman as strong purposeful administrator of medicine; the woman as passive sexless patient; and the sexy, bikini clad woman on TV. The poem engages with these possible female identities.

Annette: Indeed. On one level, the students are empathising with the vulnerable positions of patients in a dominant medico-technical context, but at another level they may also be considering their own gendered position and possible identities as women in nursing: the masked, invincible woman with 'intentions certain' who holds and exercises curative power; and the disempowered and exposed woman, cowering in the bed, 'face bare,' 'body broken' with all the questions she cannot ask of patriarchal power. And above/between them both, but pushed into the background, is the sexy, voluptuous, female, bare body, she who rebels and contests her position.

Laurel: Perhaps this poem is also an evocative inquiry into the nuances of gender and power in the painting that resonates with them? Maybe creating this poem allows the students a safe place to be critical of the systems in which they are embedded - in this case, the medical system? Putting words in characters' mouths externalises issues yet still articulates these for discussion. Students may also project their own powerful feelings of identification with this woman's plight: for example, experiences of vulnerability, the broken body, and inability to question certain clinical practices.

Martha: Do you think so? I wouldn't read all that into it. The poem is obviously much more about the situation of the patient, worrying about the cancer and fearing the harsh effects of the chemotherapy and the doctor. I suppose this is good for helping the students develop empathy with the patient.

Curator: Listening to you is interesting. Your differing interpretations of the students' interpretations/artwork remind me of the conversations the students had as they interpreted the original artwork. It's like ripples in the water or rhizomes that pop up in different contexts!

In composing this poem the students interrogate the artwork and, individually and collectively, interpret its meanings. They are then involved in creating and articulating a collective response that represents

their interpretations of the artworks' meanings. The students had to scrutinise the art carefully, trying to find ways of interpreting it. For many students this activity echoes and informs the process of inquiring into and interpreting the situations of people in care.

In nursing assessment nurses are also asked to 'view' people in care and speak of them (and with them) interpretively in terms of their situations and needs. Engaging with art and literature in this way provides the students with a method of relocating the critical thinking processes used in practice contexts to the classroom/art room setting and enables them to notice, inquire and interpret.

A study conducted by Dolev, Friedlaender and Braverman (2001) found that the visual diagnostic skills of medical students improved following engagement with arts-perception. Our students value this kind of interpretive work as helpful in developing their observation skills in nursing assessment, and facilitating insightful creative care planning and care delivery. Their words from an earlier conversation I had with them come to mind as I'm talking to you now. Let me play this section from one of our group discussions:

(Curator locates the relevant section of conversation on her iPod. Soon student voices are heard.)

Helen: I think if you...if I take anything from this module, it's like that patients are somehow in a sense to be interpreted, they are the art and you have to look at them and draw things out and you know not just read it once and go oh I didn't really get that like...

Maria: Yea, It's a bit like being an art critic kind of thing- not a critic because you're not really judging someone but you have to look at like both a painting and a patient in a different perspective than usual. Cause you can't look at Van Gogh and say 'Right he was off his nut when he was doing that!' But you sort of look at something from a different perspective and see why are they acting that way? What did they feel at that moment? What was going on? Like the way you look at a painting; why is it so dark and gloomy....?

Briege: So it's a kind of an interrogation almost or an exploration...a questioning ...that you'd question...?

Maria: Yeah, a person

Rachel: It means so much more.. I'm not just going to walk into a nursing home or even into a hospital now and go 'Oh it's just an old person' like that, that's what I've taken from it

Jack: In most of the other modules we learn how to identify obvious signs and symptoms and act according to guidelines, I take with me from this module an understanding of how to identify the not so obvious.

(Curator switches off iPod.)

Curator: I would call this 'aesthetics in action', whereby students incorporate aesthetic contemplation and inquiry into critical thinking about nursing practice. Here is what Paul and Heaslip (1995 p43) say about critical thinking, held to be essential for nursing:

The thinking nursing practitioner has learned the art of critically 'noticing.' She/he is always on the alert for unusual circumstances or deviations from the norm, is constantly re-assessing fundamental knowledge for accuracy and relevance in new situations and recognizes the uniqueness of the client's needs, thereby avoiding distortions and generalizations based on misconceptions and prejudicial judgments.

Laurel: I see strong parallels between these qualities and the processes involved in arts-based inquiry.

Curator: But it goes beyond the critical thinking and interpretation involved in studying art. In this instance the students also *responded* artistically to the meanings in the images that resonated for them. Do you think that this kind of aesthetic response created through engaging with art may have some reference point in creative nursing care carried out in response to engagement with a patient's story performance?

Laurel: Well, Alison did say that she wasn't going to walk into a hospital and go: 'Oh it's just an old person.'

Martha: To answer that question you'd have to do a proper rigorous piece of research: one that compared student practice performance before and after

the module and perhaps a longitudinal follow up to see if this has any long term effects.

Laurel But how can you identify and label these intangible processes and then measure behaviour on the basis of this identification?

Martha That's not a problem – you could compare two groups, taking account of variables. Obviously the control group would not have undertaken the module and the other group would have. Then you could do comparisons between the two groups using scales to determine factors such as critical thinking skills, communication/empathy skills etc. You could actually use a mixed methods approach with perhaps some semi-structured interviews or focus groups to get some qualitative findings. Yes, triangulation would work very well here.

Laurel Not triangulation, crystallisation!

Martha I beg your pardon?

Laurel Oh forget it... There's just no point!Or maybe too many sharp points, like your triangulation or Linda's box game.

Martha You see, that's the trouble with you people, you're very abstract, you're ambiguous in what you say and mean. Now, that may be all very well at an art exhibition like this one or even within this option module, and I'm sure it's nice and interesting for the students. I acknowledge that this type of work would help them to develop empathy and your arguments regarding art work as a means of critical inquiry among these students are plausible.

However, I have yet to see a proper evidence-based piece of research regarding the educational effectiveness of this approach. No, I'm sorry, plausible arguments and anecdotal evidence wouldn't be enough for me to push other important things to one side in my curriculum to make room for this. As long as it stays an option and doesn't compromise the information

and skills these nurses need to know for practice then I suppose it can do no harm.

Annette The type of outcomes-based curriculum you're describing assumes that content knowledge in itself is enough to prepare nurses for working in complex, human, political care contexts. Nurses need less cramming of information and more support in evaluating and creatively using the knowledge they already have.

Curator Virtually all students undertaking this module recommend that it should have a central place in the curriculum, as it generally enhances their ways of inquiring and knowing. Listen to what they have to say: *(Curator switches on iPod.)*

Martin: Everybody could...you know...it evoked emotions in everybody that you don't usually have, cause when you're sitting in lectures, your opinion is basically taught to you and like here, you could let rip.

Paula: I think we all got in touch with things that maybe if you'd asked us a couple of months ago like "Why are you a nurse?" "Why are you caring?" "what is important about it?" "What can you bring to it from like maybe art or music or writing and even not for a patient, for yourself like – just to go home and maybe sit down and write something down about how you actually felt like watching someone pass away before your eyes that day. Like I think things that we've learned here over the past few months will stay with all of us forever. We'll forget a lot of the stuff we learned down in the lectures and we'll pick things up along the way.

Joanne: Like I was at this art piece for hours. It was about what you could bring out in yourself.

Frances: Your small idea and it was growing.

Martin: Yeah, Every time I look at something I'm thinking in a new way.

Alison: And it doesn't have to be all about ARTS, it's a kind of a mixture, it's about expression and like that's about people, that's your patients, like you know what I mean?

(Curator switches off iPod.)

Martha: Yes, I've no doubt they enjoy it, but there are so many important topics and nursing skills that need to be covered in the curriculum. When all this 'nice to know' stuff goes in, it displaces other valuable content.

Curator: I've heard that argument so many times! In response I'll cite the words of Holland (1999 p235), which I find heartening (*Curator reads from her notes*):

Suggestions for including even more knowledge and skills into the students' short 3-year transition period begs the question: what will the majority of newly qualified nurses be 'learning to do' for the following 30 years of their occupational careers? It appears to be essential that we learn more about the culture of nursing in order to be able to explicate that which the student needs to learn in order to exist in the reality of their future occupational *milieu*.

I believe narrative and arts-based work can help us to learn more about the culture of nursing, deconstruct hegemonic discourses that constrain our knowledge and identity and consider ways of being and knowing that sustain ourselves and the people in our care.

Martha: Well you're obviously very passionate about this and I wish you good luck with your work. I have to go now; I'm teaching in the morning and I still have a powerpoint to prepare! Thank you for inviting me, it's been most interesting, I'll advise all my students tomorrow to come along and see it. (*Martha hurries out. Annette and Laurel also stand up and prepare to leave.*)

Annette: Yes indeed, most interesting. Some things in nursing haven't changed at all since 1992! But other things have, there is certainly more awareness of paralyzing positions and alternative possibilities. We need to help nurses to explore and gain confidence in their own knowledges and to realise their potential for establishing agency and sustaining identities as individuals.

Laurel: Thank you. I've enjoyed witnessing the interaction in the students' art and poetry between their portrayals of the public ideology that is

espoused/expected by the profession and the students' own private worlds that 'leak' out into their work.

Curator: Well, hopefully this arts-based work helps them to examine and configure perceptions and experiences from both of those worlds. Thanks for joining us today. Goodbye.

Chapter 8: Conclusion

8.1. Meanwhile...back in the real world

Conclusions are strange things. As I prepared to write this one, my father died, the day after his 90th birthday. As a family we kept bedside vigil, holding hands and telling stories to him and about him while he slipped slowly and peacefully out of this world. Noticing my abandoned laptop in my parents' kitchen, my sister remarked that I was now involved in a different kind of conclusion.

Now, as I get back to this one, I struggle with tenses: present or past? And loose ends: snipping away surplus material, finding dominant threads and making definitive comments. Like distilling a life with all its joys and jarrings into a final, univocal eulogy.

There was music at his funeral, jigs and reels that he used to play, rich and resonant on the fiddle. Carried aloft in his coffin out of the chapel to his final resting place, we clapped in time to MacLeod's reel; smiling and crying all mixed up. This was his eulogy, told in the music: jaunty cheekiness here, the sarcastic thrust and parry there, the ups and downs of the fields undulating like his moods. Devil may care (now I wonder: did he care?), charming, exuberant yet elusive somehow, twisting and turning.....

But I don't think I can have a reel for my conclusion here. There is a time for evocation and inquiry and a time for gathering-in and bringing meanings home: 'a time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted' (Ecclesiastes 3:2), as I intoned a few weeks ago. I have planted research questions and it is time to pluck them up.

So now that our exhibition is over I clear up and take stock. I revisit some of the concerns and questions that underpin the pedagogical and research endeavour - the areas of inquiry that thread and resonate through these chapters. I return to each of these much as I take a last walk through favourite viewing rooms of an art gallery: trying to configure an overall sense from the myriad of impressions, to settle a mood, to carry sustenance to the outside world.

8.2. Area of inquiry 1: knowledge and identity development of student nurses

The formation of identity and knowledge, as expressed through the students' artwork and contextual discussions, is a complex yet taken-for-granted process. Students are simultaneously encouraged to adopt traditional, unquestioned practices and beliefs about their identities and purposes as nurses, while being exposed to other ways of thinking and being that contest these positions and offer alternative possibilities of conceiving identity and knowledge. Student nurses are negotiating their ways through these complexities and their work seems to portray various and perhaps contradictory perceptions about the nature of health, illness, caring and their own purposes as nurses.

8.2.1. Accessing and configuring nursing knowledge

In terms of accessing nursing knowledge in current healthcare contexts, apprenticeship and learning through socialization predominates in the students' portrayals of learning. The dynamics of power operate in this world and can make learning a difficult process. However, in this study, students are able to critique this system of learning, with its dependence on unquestioned beliefs and its variable quality of mentorship and guidance. Simultaneously they are cognisant of the requirement to comply and 'fit in' in order to survive in nursing. Students show through their work and discussions, the necessity of gaining knowledge of the hidden curriculum; they are learning how to be pragmatic as they navigate the practice learning environment.

Academic learning and practice learning are viewed as related but not synchronized. The abstract 'theory' that is 'taught to' them in college, while useful to know, does not always satisfactorily interact with the more immediate, contingent dictates of practice. Rather, in clinical contexts, students are encouraged to value practical knowledge, gained through getting hands dirty, learning on the job through immersion. Perhaps this lack of synchronicity occurs because the pedagogical/curricular philosophy and practice does not adequately interact with experiential and embodied learning and the 'real world' of nursing. Another possibility that may be put forward is that in

privileging the experiential, habituated knowledge gained in the particular practice contexts, local knowledge and values inevitably take precedence over more abstract, objective elements of knowledge.

Biomedical and empirical constructions of health and illness continue to figure largely in the students' learning. Some of the artwork displays an expectation that the patient's body and disease should be accessible and knowable given application of the 'correct' nursing/medical skills. In viewing room 1, we witnessed the students' keen desire to explore and anatomise the body; to discover and make visible its secrets.

However, the expectation that knowledge is readily accessible and unproblematic is challenged in the work of others who consider that observable signs and symptoms of illness are but one form of knowledge: alternative understandings and perspectives are vying for recognition. For many of the students, knowing also involves being attuned to what is going on beneath the surface in self and others. Lawler's study (1997), regarding nurses managing body care, reveals that nurses possess a vast, interpretive, and unarticulated knowledge of the patient's body and that they display deep sensitivity to patients' dependence and vulnerability resulting from bodily dysfunction. The students here, in providing care, mediate between this subjective knowledge and objectifying treatment regimes as can be seen in the work of Alison (Engine room: Image 14) and Norma (Smiling now: Image 28).

Thus, in the students' work and discussions, there is a complex mixture of perceptions and experiences involving objective and subjective knowledge. Subjective learning experiences occur through the interaction of the students' own histories, desires, experiences and bodies with the learning environment. Subjective learning seems to me to have characteristics of Bruner's (1986) narrative mode of cognition as discussed in chapter 2. This learning is hard to articulate, yet these interactions between self, history and environment often lead to the development of intuitive, skilled interpretations and knowledge. However, subjective knowing can also become habituated and unquestioned, developing into its own paralyzing discourse.

Objective knowing, through abstract reasoning and critical thinking; thus resonating with Bruner's (1986) paradigmatic mode of cognition, is similarly complicated in

nursing. At one level objectivity can be transformed into objectifying practice and as such can be perceived as a somewhat sterile and disengaged means of knowledge production for nursing. At another level however, the distance offered by objective inquiry enables nurses to separate themselves productively from the local in ways that foster critique and development of their own practices and knowledge.

Students in this study are grappling with these dynamics of knowledge development, the reality of uncertainty, and the ethics and responsibility that accompany the quest for knowledge. Arts-based inquiry is used here to help them to explore and articulate these challenges and dilemmas. Can this approach also offer a pedagogical method of reconciling objective and subjective perceptions, and further to this, facilitate interrogation of both of these ways of knowing?

8.2.2. Identity formation: constituting discourses and the art of resistance

Contemporary nursing students are positioned between historical discourses of 'altruism, womanly virtue, duty, and a concern for others' (Leight 2002 p111) and modern discourses of feminism, individualism and the market economy. The playing out of powerful discourses and imperatives in nursing contexts influences available subject position for students and shapes their identities accordingly.

Once again, perceptions and positionings concerning object/subject are evident in the students' work. In both historical and contemporary discourses of womanhood and labour, the nurse's body is circumscribed and positioned as object. While this commodification of the body finds expression in the student work, there is also the celebration of the body as a subjective, lived body - a source of knowledge and skill - thus suggesting possibilities of power, agency and resistance. These students' perceptions regarding their own and others' embodied identity(ies) are therefore multi-faceted. Students appear to operate and negotiate between subjective and objective positions in performing their nursing identities and nursing care: a phenomenon also observed by Van Dongen and Elema (2001). At times the nurse's body is regarded as a smooth-running nursing machine (Aisling - The Nurse's body: Image 20, Jack - Fob watch: Image 24); at other times in their art, they engage emotionally and cognitively with the lived experiences of pain, vulnerability and

corporeality of their own and patients' bodies (Rachel - Beginner Nurse: Image 3, Lisa Hands: Image 27).

Gadow (1980) encourages nurses to work at reconciling the dichotomy between lived body and object body as a dialectic in which neither aspect is meaningful without the other. Seen this way, the nurse's body is both an object of power, as in Aisling's 'The Nurses Body' (20), and a site of power, intrinsically capable of agency and resistance, as in Sinead's poem 'Nurse': (Image 22). In this study, the students explore and evoke both of these positions through their art-making.

8.2.3. Valued characteristics - sacred cows of nursing

Perceptions regarding the purpose of nursing are similarly multifaceted. Views on caring as 'going the extra mile', giving selflessly and indiscriminately, as the obligation and privilege of the female nurse, contend with notions of caring as practical task circumscribed by personal and environmental resources. However, selfless devotion entails leaving the self behind and this is apparent in the student work as the self becomes invisible or squashed down in order to achieve the ideal of the competent, capable, calm nurse. Thus, elements of student identity and experience that challenge adherence to this ideal are suppressed. Nursing observers (Street 1992, Randle 2003) warn that failure in the professional culture to recognise and support the emotional needs of nurses leads to burnout and blunting of sensitivity to others needs. Worryingly, the beginnings of this process of suppression are evident in some of the student work and they make no reference to structured channels or mechanisms for configuring experiences of trauma, confusion or grief.

8.2.4. Implications for nursing education and practice

The contradictions/complexities and the jarrings and interactions inherent in student knowledge and identity development are exhibited in this study, yet these diverse perceptions and experiences are smoothed over and silenced in academic and practical learning environments. There needs to be flexible, responsive ways of helping students to make sense of the multiplicity of cognitive and emotional stimuli that they encounter in modern day nursing contexts. Educational systems cannot continue to

expect nurses to be empty vessels to be filled with received wisdom and prescribed behaviour and to apply this unproblematically in every context ignoring unique particulars and contemporary challenges and dynamics. Similarly, in nursing practice, students need to be able to engage in abstract, critical thinking that enables them to deconstruct taken-for-granted ways of knowing and being and to develop alternative ways of noticing and constructing experience. If the contemporary nursing curriculum is to support students in developing meaningful learning and sustaining identity(ies), it needs to provide space for students to question and trouble certainties, tease out possibilities and nebulous understandings and to develop confidence in exploring and sharing different maps and terrains.

Throughout this dissertation narrative and arts-based approaches have been proposed as a pedagogical methodology which enables nurses to engage in pluralistic, rhizomatic thinking that resonates with the dynamic, complex, human experiences that they encounter. These approaches also provide a means of examining cherished beliefs, practices and knowledge through different lenses and encourage us to consider our own positions within these truth claims.

8.3. Area of Inquiry 2: The experiences/effects of engaging with narrative and arts as a pedagogical method and mode of educational inquiry

The cognitive and inquiry processes among students using arts-based approaches as well as the strengths of these methods were discussed at length in chapter 7 where I argued that through the creation, study and sharing of artwork, students configure and dialogue some of the complexity involved in learning to be a nurse. Arts-based work enables them to scratch surfaces and uncover hidden nuances and submerged understandings. As suggested in the last chapter, inquiry and knowledge development seemed to occur among the students through three arts-inspired processes, namely:

- Re-enactment of lived experience through the creation of artwork
- Contemplation/ representation of health care issues and ways of knowing/ being through art-making
- Interrogating and responding to created art

Additionally, another aspect of this area of research inquiry involves a consideration of how we (the students and I) actually engaged with this work in the context of the nursing curriculum and what operational and pedagogical challenges were encountered in the process.

8.3.1. Arts-based approaches and working with students

Engaging with arts-based methods requires that students acclimatise to a teaching and learning environment that is not tightly structured or prescribed. The creative process involves a necessary level of grappling with uncertainty, therefore students had to learn to suspend and examine some of their firmly held beliefs, expectations and practices. In undertaking this work with students I remind myself of Eisner's (2002 p10) words:

Work in the arts also invites the development of a disposition to tolerate ambiguity, to explore what is uncertain, to exercise judgment free from prescriptive rules and procedures.Work in the arts enables us to stop looking over our shoulder and to direct our attention inward to what we believe or feel. Such a disposition is at the root of individual autonomy.

For the students in this study, this shift proved be challenging at the beginning of the module in particular: they found it difficult at first to move from the tightly structured, outcomes focused context of surrounding modules. Grindle and Dallat (2001) also reported this observation in their survey of the use of arts-based approaches in nursing curricula. Students find predictability comforting: in content-based models they have been led to believe that if they 'correctly' master the content of the module they will be equipped for every practice situation. This contributes to an expectation among students that knowledge is clear and uncontested. In our work together, they often initially looked for guidelines and were wary of sharing possibly 'incorrect' interpretations of an art piece. There was some level of anxiety when they were asked to question rather than answer and when I, as module co-ordinator, kept trying to foreground student interaction and background teacher intervention. Reed (2008 p190) argues that these points of tension are also opportunities for reflection on student agency and the reconstitution of learning as collective and progressive:

these self-same “counteractions” ... have the potential to reveal ways in which learning reconstitutes itself as collective and progressive activity.

As students became more comfortable with uncertainty and ambiguity, the co-creative and inquiry process started to develop and they achieved confidence in their ability to configure and assert unique meanings that arose directly from their own particular engagement with their work as opposed to taught interpretation. One of my aspirations for this work is that this ability to see the unique and individual in each situation also becomes embedded in their learning and working processes and practice. Fostering students’ confidence in articulating and sharing nebulous understandings also offers possibilities for challenging the ‘certain’ in nursing.

8.3.2. Pedagogical positions

Like the students, I found that while engaging in this arts-based inquiry I also needed to be able to tolerate uncertainty, especially in the early stages of the process when it was not clear how the students were adjusting to this type of work. It was tempting during the initial stages to ease this discomfort by ‘teaching’ interpretations of the art and literature. However, working with arts-based approaches involves a very different way of conceptualizing and engaging in nursing education. According to Koithan (1996 p536), in using aesthetic methodologies

the nursing educator moves from an information giver to a participant in the process of discovery. The teacher asks questions, stimulates self discovery, ...nurtures the creative learning-intervention process, and guides the class through the creation of a safe context in which discovery, creativity, and questioning are welcome.

Fostering this supportive environment for creativity in the conventional classroom setting and working productively with the interpersonal dynamics of the group also required some forethought and planning. All apparently natural and spontaneous ‘discoveries’ require antecedents and in promoting this creativity much foundational work was required in discreet observing, fostering trust, confidence and participation. The choice and uses of creative activities was not spontaneous or random but was carefully thought through with a clear rationale appropriate to the group and the theme being explored. Similarly, class discussions sometimes needed a certain amount of

unobtrusive navigation and prompting; encouraging students to push themselves in exploring further.

I realised that students needed to feel stimulated to explore yet feel safe and supported in their explorations. Getting the balance right between careful planning/ nudging students in fruitful directions and being over prepared/prescribing, thus stifling individual creativity, was a challenge for me in this work. However, when this alchemy happened it resulted in powerful transformative learning for all of us. Students' acknowledgement of cognitive and empathetic shifts is, I feel, apparent in the extracts (here as iPod contributions) from the module evaluation group discussions.

8.3.3. Narrative and arts based pedagogy in the nursing curriculum

So how do these approaches connect with nursing curricula and existing pedagogical models? Facilitating humanities study/arts based inquiry among student nurses challenges habituated positions of both teachers and students and often the first hurdle is convincing nursing faculty of the contribution of these approaches to the curriculum. Some of this resistance is voiced by 'Martha Kelly,' one of the exhibition guests in this study. Similarly, Johnson and Jackson (2005 p439) note that

despite the connection and the potential benefits that literature can bring to nursing, and notwithstanding evidence that nurses are motivated to seek nonclinical ways of understanding the complexities of the human condition... few nursing programmes include arts and humanities as a teaching and learning strategy in their curricula.

Dellasega, Milone-Nuzzo, Curci, Ballard and Kirch (2007) claim that there has been an erosion of humanities education in recent nursing programmes due to the explosion of knowledge in the science of health care and the pressure to incorporate this information into the curriculum. According to Ironside (2003 p515), 'the amount and complexity of information students "need" is growing faster than teachers can incorporate it into courses.' As a result, humanities and arts-based work may be perceived as somehow lightweight or an optional extra, secondary to required empirical knowledge (Grindle and Dallat 2001, Corri 2003). This view can be discouraging at times.

8.3.4. Implications for pedagogical practice

This leads us to the question as to where and how arts/humanities approaches, as a means of fostering critical thinking, can interact with contemporary 'crowded' nursing curricula? Perhaps the question should not be about where physically to slot a humanities module into the existing curriculum, but rather how narrative and arts-based approaches can influence pedagogical thinking and practice across the curriculum. Eisner's (2002 p9) suggested interrogation of the school curriculum offers useful guidance for those involved with nursing curricula:

Consider the implications of the relationship between forms of representation for the selection of content in the school curriculum. Learning to use particular forms of representation is also learning to think and represent meaning in particular ways. How broad is the current distribution? What forms of representations are emphasized? In what forms are students expected to become "literate"? What modes of cognition are stimulated, practiced and reformed by the forms that are made available? Questions such as these direct our attention to the relationship of the content of school programs to the kinds of mental skills and modes of thinking that students have an opportunity to develop. In this sense, the school's curriculum can be considered a mind altering device.

Here the curriculum is seen as a powerful force for shaping knowledge and identity. As educators we need to take this responsibility seriously and ask whether current 'forms of representation' in nursing curricula are helping students to engage with the complexity and ambiguity of current practice situations. We need to recognise that helping to prepare students for the cognitive and emotionally challenging world of nursing does not involve cramming ever more information/content into the curriculum in an attempt to 'cover all angles.'

Ironside (2003) claims that the current emphasis on outcomes may actually be damaging to the personal and professional development of student nurses in that this positivistic focus may 'inadvertently obscure the uncertainty within and complexity of nursing practice, as well as the multifaceted problems facing nurses and clients on a daily basis' (Ironside 2003 p515). My work with these students has deepened my appreciation that learning is a multi-dimensional process and that as educators we need to invest more time in helping students develop capability to think and configure

knowledge and experience in creative, discerning ways. I believe, like Ironside (2003 p515) that

perhaps navigating the uncertainty and fallibility embedded in current, and future, practice has become as important for nurses as content knowledge and skill mastery, and that interpreting (i.e., learning to read) situations is as important as intervening.

Many nurse educators are quietly and informally incorporating arts-based elements into their teaching: 'producing different knowledge and producing knowledge differently,' as Richardson and St Pierre (1995 p 969) put it. To engage in this process involves letting go of familiar positions: according to Mair (1989 p13) it requires a leap of faith and imagination 'in taking such care we will have to free ourselves enough to imagine how things may be beyond the ways we have been taught not to see and not to say.' In my own teaching context I often pass on and receive relevant poems, stories, images and music that contribute to making sessions more meaningful and discursive on mental/physical health issues, dying, pain and disease. Jackson and Sullivan (1999) found that study of the arts actually complemented the techno-scientific knowledge upon which their curriculum was based. Here is an example of this complementary activity in our study where, through art, students contemplate the objective and subjective workings of their bodies:



Image 33: Arm anatomy - Niamh

There is much potential for arts-informed processes to infuse and enhance the nursing curriculum, however this requires perceptual shifts among nurse educators. This

current study takes its place among other work which is aimed at encouraging these shifts.

8.4.Area of inquiry 3: The experiences/effects of using narrative/arts-based approaches as research methodology

Now I want to reconsider the ways in which narrative and arts-based approaches operated as methods of research inquiry and re-presentation in this project. Extending the narrative paradigm to embrace art-based methods as a form of ‘creative narrative’ (Leitch 2006) offered alternative and additional aesthetic, visual and non-linguistic ways of exploring and communicating the students’ meanings. Working as a bricoleur (Denzin and Lincoln 2005) enabled me to conceive of and fashion these new tools of inquiry and representation in ways that seemed to fit organically with the emerging resonances and questions in the research context. In chapter 4, I try to make visible and audible this process of reflexive thinking and inductive creation of methods to suit purpose. Creative endeavour infused all aspects of the work: from the crafting of the research and pedagogical design, through the student explorations using arts-based methods, through dialogue around the artwork and finally, through further creative inquiry, juxtaposition and exhibition of meanings.

8.4.1. Refracting crystals and halls of mirrors: participant and researcher lenses

The research field was a busy one, with a myriad of purposes and perspectives. While students were exploring their worlds through creation and interrogation of art as a pedagogical endeavour, I used similar approaches in the research process: analyzing student art/group discussions through creative juxtapositions and articulating my own perceptions/responses through personal creative work. This made the research field and my position within it quite complex - researcher and pedagogue at the same time. I worried about my ability, given the demands of each role, to notice and ‘capture’ significant events and subtleties in the research context. Reed (2008 p190) also experiences the complexity of capturing and representing classroom activity, noting that this interplay is ‘far more than what is uttered and acted out.’ In engaging with this dynamic environment, once again I looked to Clough and Nutbrown (2007 p24)

who suggest that research methodology requires a continuous critical stance that involves ongoing ‘radical looking, radical listening, radical reading and radical questioning.’ In ways the construction of the module lent itself to this, I too could write or paint my observations in the moment: sometimes sharing with the group; at other times folding it into my notebook. I would return to some of these sense impressions later, inquiring again and writing more about them in my field notebook as well as considering other more general observations and stories from the day or connections/resonances with other work and discussions that had taken place.

When I think of the research context now that the study is almost complete, my overall sense is one of plurality and multi-vocalness, where multiple meanings co-existed, sometimes contesting each other, always adding new dimensions of perspective. The use of montage and the exhibition format provided a means of recreating this sense of multiplicity through the evocation of these juxtaposing perceptions and contrasting voices.

8.4.2. Artful re- presentation of meanings and voice

So, how might our art exhibition be reviewed? What would an art critic report in terms of the evocative power enabled by its curation: the placing and contextualizing of the pieces, and the curator’s engagement of and with the artists/students, invited guests and wider audiences in arts-informed meaning-making? That is for others to decide for it is difficult for me to be behind the scenes and in the audience at the same time. The behind-the-scenes work involved the creation of the exhibition structure, working from the resonances and meanings in the student artwork and discussions, developing the exhibition rooms, and intuiting what dynamics should occur in each room and which voices should be heard/privileged in each context.

Thus, in room 1, student collaborative meaning-making and ‘curative’ processes that occurred in the module/research are re-enacted and exhibited. The other viewing rooms, in addition to making visible the students’ conceptions of identity and experiences through their art, also invoke the responses and the dynamics of critical debate on these issues between the imagined visiting scholars. This was an interesting challenge for me. Creating characters and putting words in their mouths involved

close and critical scrutiny of their works in order to be true to their positions and perspectives. But I needed to go further than this: beyond their published or known words to imagine what they might say in this particular context; and further again, by juxtaposing their perceptions with others to imagine how these positions might interact.

This was one of the most enjoyable parts of the project for me: through writing these dialogues, I was also re-configuring and developing my own perceptions, ushering alternative voices into my work and experimenting with different positions. I was thinking rhizomatically. Writing in this way, was, as Richardson (2003) suggests, a powerful method of inquiry and discovery. Introducing other voices into the text also disrupts habituated positions of authority and agency between researcher, participants and audience, challenging particularly the role of the researcher as ‘the universal spokesperson’ (Lather 1992 p 94). In the characterisations and ‘scripts’ within my study I was trying to achieve ‘*a genuine polyphony of fully valid voices*’ (Bakhtin 1984 p5 original italics). In discussing Dostoyevsky’s work, Bakhtin (1984 p5) continues:

Characters are polemicized with, learned from; attempts are made to develop their views into finished systems. The character is treated as ideologically authoritative and independent; he is perceived as the author of a fully weighted ideological conception of his own and not as the object of Dostoevsky’s finalizing artistic vision.the direct and fully weighted power of the characters’ words destroys the monologic plane of the novel and calls forth an unmediated response.

While I certainly would not compare myself to Dostoyevsky in terms of artistic or narrative capability, I would like to think that a similar enterprise took place in my study where ideologically independent story characters/actors were employed as a means of disrupting monologue and developing alternative views and positions.

8.4.3. Shifting positions and dynamics in the text

This messy text demanded much of its actors and its audience/readers. All were asked to let go of familiar positions and take a leap of faith /imagination, to use Mair’s (1989) words. Audience positions changed from readers of traditional social science

material in the first 4 chapters of the dissertation to implied exhibition viewers, contending with a plethora of meanings, imaginings and shifts in style and positioning of the actors in the text.

One of the actor position changes I want to consider in more depth is that of curator. Changing my position from researcher/pedagogue to that of exhibition curator offered me an interesting way of conceiving how the 'data' could be configured and represented among various audiences: students, invited visitors and the readers of the text. Positioning myself as curator afforded me some space to stand back and critique the work using the exhibition as a structuring device. Thus I was enabled to move out of my subjective position to some extent and to audience the work. Having the concept of exhibition in mind meant that I was deliberately placing and moving pieces from one room to another and back again, imagining how they might be viewed in their relationships to each other by an audience.

In curator mode, I was conscious of my responsibility to foster evocative meanings and enable tangential connections between pieces and rooms. Again, imagining Richardson's (1997) crystal or Deleuze and Guattari's (2004) lines of flight, I was trying to balance curator guidance and signposting and leaving spaces for creative and surprising audience interpretation. As Speedy (2008 p 27) puts it:

Should we 'just listen' to the opera; should we listen to the opera and then refer to the programme notes, as and when we need to, or at some later point, or should we get there in good enough time to have read and digested the programme notes before the performance begins?

The position of curator certainly offered possibilities in juxtaposing and using the relationships between curatorship of art and curatorship of research data. However, a possible limitation I found was that this position sometimes placed my function as researcher and teacher at a distance in the viewing rooms. When in exhibition mode, the curator and researcher/pedagogue are mutually exclusive and at times I found the presence of the curator somewhat overshadowed that of the art facilitator - the person who was involved in the art-making process with the students. Perhaps a sense of the relationships between the students and myself and the art-making processes are sacrificed to some extent. I try to redress this balance by re-playing the collaborative

curatorship in room 1 and by having the curator ‘present’ some of the workshop activity and contextual discussions (in fictionalised newspaper articles, and iPod recordings) in the other viewing rooms.

8.4.4. Where to now? Research implications and possibilities for further meanderings

One of the joys of engaging in arts-based research, I found, was the unexpected and unanticipated rhizomes that surfaced through the evocative process. There were many trails that I was tempted to follow (and sometimes did), meandering away from original intentions. This experience of meandering taught me a number of important lessons. Firstly, I never truly got lost, which is the fear in much health and social science research; ‘safeguarded’ by stepwise guidelines and criteria. Frameworks and foundational knowledge were internalised and underpin this work but extensions and departures are also required. Maybe like Norma (Smiling now: Exhibit 27) for whom the ‘passion of care’ enabled her to mediate between diverse imperatives and ways of operating, my passion for exploring/contributing to student nurse development and art-based work, help me to reap the rewards of meandering while, I believe, staying true to my purpose.

The other aspect I became aware of through meandering was the further possibility for research in this area. Given the tensions between nursing’s historical conservatism and the contemporary challenges to nurses positioning and purpose, insightful exploration is required to tease out the nuances and implications of these discourses on individual and collective nursing identities. The positioning and socialisation of student nurses within this landscape could be further explored, especially from the perspectives of qualified staff. The emotional, intrapersonal and interpersonal realms of nursing need sensitive excavation in order to unearth some of the pain and distress, buried away, that leads to defensive practice and burnout.

Another area of particular fascination for me, merely glimpsed at in this study, is the concept and practices of visibility and invisibility in nursing: how, when and why nurses make themselves (and are made) visible and invisible. Equally, the interaction of embodied knowledge and experience with nurses’ learning and identity

development remains poorly understood and articulated in much of the nursing literature. To my mind, arts-based approaches offer subtle modes of inquiry into these unsayables of nursing worlds.

In relation to arts-based pedagogy, future research needs to be situated in the lived world of nursing and take account of historical and existing complexities and contingencies. As Darbyshire and Fleming (2008 p268) put it:

There is no 'real' nurse education out there that awaits to be set free but rather a complex set of practices that are the result of contingent events including nursing history, policy changes, educational research, punishment discourses, empowerment discourses, administrative practices and many other local forms of governance.

Having just explored some of these discourses, histories and contingencies as configured in the students' art-making, this to me seems sensible but not limiting advice. Students in the study experience educational pedagogy as separate from the world that really matters to them, therefore it is important to find ways to 'touch (them) where (they) live,' to paraphrase Richardson (2003 p512). Arts-based pedagogical (and other) research needs to speak to the experiences and contexts of nurses and nursing, whether this is through dialogue/examples as to how arts-informed approaches can infuse the academic curriculum/pedagogical philosophy or how these approaches are used in encouraging fresh perspectives regarding practice and people in care. And therein, I believe, lie the strengths of arts-based approaches for nursing; in the capacity to evoke and invite engagement with both the particular and the universal in pluralistic, non doctrinal and collaborative ways. Research and pedagogical practices that model and encourage this plurality have the potential to widen personal and professional boundaries concerning conceptions of knowledge and identity and to foster confidence in asking different and interesting questions.

This is the challenge for all of us: teachers, nurses and students alike. How often do we ask different and interesting questions in our daily practice and how do we welcome and encourage these questions in others? Narrative and art-based approaches offer me a way of wondering and a means of encouraging others to question. I want to develop this practice of questioning through further artful pedagogical and research endeavour and work to position imaginative and creative

inquiry as central to nursing education and practice. This is what I take into the future from my inquiry.

And it is in the spirit of imaginative questioning, here from Lisa, that I conclude this study:

I wonder like if some patients, like say if some people write books, some people paint pictures and stuff and like ... so what would someone go home and write about you? If they were going to paint a picture about being in hospital, where would you come into it? ... What would they remember about you ... kind of? ... I never felt like that before.

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Appendix 1

Information and support offered to students



School of Nursing

Plan For Research Project Information Session with NS273 Nursing Humanities Option Module Students

Title of Project	Using arts-based educational methods for developing aesthetic knowing among student nurses
Principal researcher	Briege Casey, Lecturer in Nursing, School of Nursing, Dublin City University
Supervisors	Dr Jane Speedy and Dr Malcolm Reed, Graduate School of Education, University of Bristol

The proposed research in this module was explained to all BSc year 2 students in Semester 1 before they made their option module selection. This was to give students an opportunity to be fully informed before choosing this module. The aim of this session is to provide this information again with the group who are undertaking the module and to address any queries they may have. The session will be attended by Mr Pádraig Ó Duibhir, independent observer from St Patrick's College Drumcondra. Pádraig has kindly agreed to supervise the process of recruitment of participants and ensure that non participants are not discriminated against in any way. Pádraig will also act as an independent contact person should students have any issues during the period of the research.

Plan of session

The discussion will be guided by the plain language statement which will be given to the students for personal future reference (see enclosed)

Introduce Pádraig

- Background to the research
- Rationale
- Aims and objectives
- Ethical approval
- Research Method
- Research process
- Confidentiality and ethical measures

Student Participation

- What participation involves
- Participants rights and choices – consent
- Non-participants rights and choices
- **Emphasise Participation or non-participation in this research will not affect the running of the module, expectations of students, or module assessment**
- Points of contact for independent support/queries



School of Nursing

Consent for Participation in Research Project (Consent form 1)

Title of Project Using arts-based educational methods for developing aesthetic knowing among student nurses

Principal Researcher Brieghe Casey, Lecturer in Nursing, School of Nursing, Dublin City University

Supervisors Dr Jane Speedy and Dr Malcolm Reed, Graduate School of Education, University of Bristol

I, (print name)..... have read the research project information details and have had an opportunity to ask questions and discuss this research. My questions have been answered satisfactorily and I understand the purpose of the study and the information pertaining to it. I am aware that the research may involve my comments and views being represented in the study. I understand that my anonymity will be preserved unless I request to be identified and that the researcher will take measures to protect confidentiality subject to legal restrictions as explained to me. I understand that I can have access to data pertaining to me and that I can withdraw permission to use this data at any time including data previously supplied. I understand that participation in the research is voluntary and that I can withdraw partial or full consent at any time in the study. I am aware that my participation, non participation or withdrawal of consent regarding any element of this research will have no influence on my module involvement or module assessment.

I have read and understood the information in this form. My questions and concerns have been answered by the researcher, and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Participants Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

Dublin City University

School of Nursing

**Consent for permission to include specific pieces of work in research report
(Consent form 2)**

Title of Project Using arts-based educational methods for developing
aesthetic knowing among student nurses

Principal Researcher Briege Casey Lecturer in Nursing, School of
Nursing, Dublin City University

Supervisors Dr Jane Speedy and Dr Malcolm Reed, Graduate
School of Education, University of Bristol

I, (print name)consent to
piece(s) of my work produced in the humanities module being included in the
research report of the above study. I have read the research project information
details and have had an opportunity to ask questions and discuss this research. My
questions have been answered satisfactorily and I understand the information
pertaining to the study. I am aware that my anonymity will be preserved unless I
request otherwise. I understand that my participation, non participation or
withdrawal of consent regarding any element of this research will have no
influence on my module involvement or module assessment. I understand the
contents of this form and a copy has been given to me.

Work to be included in the
study.....

.....

Please tick as appropriate

I would like to have my anonymity maintained regarding this work

☐

I would like my name to appear in the study in relation to this work

☐

Participants Signature:

Name in Block Capitals:

Witness:

Date:

Dublin City University

School of Nursing

Consent for Participation in Focus Group (Consent form 3)

Title of Project	Using arts-based educational methods for developing aesthetic knowing among student nurses
Principal Researcher	Briege Casey Lecturer in Nursing, School of Nursing, Dublin City University
Supervisors	Dr Jane Speedy and Dr Malcolm Reed, Graduate School of Education, University of Bristol

I (print name).....consent to participate in the research focus group at the end of the nursing humanities module. I have read the research project information details and have had an opportunity to ask questions and discuss this research. My questions have been answered satisfactorily and I understand the information pertaining to the study. I am aware that this group discussion will be audio-taped, transcribed and analysed by the researcher. I understand that participation in the focus group is voluntary and that I can withdraw my participation at any time. I understand that my anonymity will be preserved and that the researcher will take measures to protect confidentiality subject to legal restrictions. I understand that I can have access to data pertaining to me and that I can withdraw permission to use this data at any time. I am aware that my participation, non participation or withdrawal of consent regarding any element of the research will have no adverse effects on my module involvement or module assessment. I understand the contents of this form and a copy has been given to me.

Participants Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

